

Application to Use Donated Leave

Name of Employee _____

MSU ID No. _____

Department/County _____

Telephone No. _____

Please fill out the sections below through the employee signature line and submit the form to your supervisor for approval.

Note to Employee: It is your responsibility to use donated leave in accordance with University policy. **Donated Leave and Family and Medical Leave (FMLA) must be used concurrently. Therefore, for every hour of donated leave that you use, you will reduce the number of FMLA hours you have remaining for the fiscal year.** *This does not apply if you have used all of your FMLA hours before seeking to use donated leave.* The leave policy may be obtained on the web at www.msstate.edu/dept/audit/mainindex.html or Human Resources Management.

Leave should be reported in increments of .25. Check all boxes that apply.

<input type="checkbox"/> Donated Personal Leave	_____ No. of Hours	From _____	A.M. P.M.	_____ Month	_____ Day	_____ Year
		Through _____	A.M. P.M.	_____ Month	_____ Day	_____ Year
<hr/>						
<input type="checkbox"/> Donated Personal Leave/Short Illness (first 8 hours of illness)	_____ No. of Hours	From _____	A.M. P.M.	_____ Month	_____ Day	_____ Year
		Through _____	A.M. P.M.	_____ Month	_____ Day	_____ Year
<hr/>						
<input type="checkbox"/> Donated Major Medical Leave (hours used after first 8 hours of illness)	_____ No. of Hours	From _____	A.M. P.M.	_____ Month	_____ Day	_____ Year
		Through _____	A.M. P.M.	_____ Month	_____ Day	_____ Year

PLEASE SPECIFY:

illness/injury or medical appointment

Please check one. Donated Leave is being used for the Catastrophic Injury or Illness of:

- | | |
|--------------------------------------|-------------------------------------|
| <input type="checkbox"/> self | <input type="checkbox"/> sibling |
| <input type="checkbox"/> spouse | <input type="checkbox"/> child |
| <input type="checkbox"/> parent | <input type="checkbox"/> step-child |
| <input type="checkbox"/> step-parent | |

I understand that approval of this request is contingent upon the availability of adequate leave balances. Falsification of this Application to Use Donated Leave or of the supporting documentation is grounds for disciplinary action, up to and including involuntary separation.

Employee Signature _____ Date _____

This application for leave is approved for the purpose and period of time indicated.

Department/Unit Head Signature and Title _____ Date _____

Department/Unit Head Signature and Title _____ Date _____

When completed and signed by department/unit head, this form should be forwarded by the department/unit head to the Department of Human Resources Management at Mailstop 9603 or Box 9603, Miss. State, MS 39762 or delivered to . 150 McArthur Hall. Department/unit head signature(s) are required.