

**PERRY COUNTY SCHOOL DISTRICT  
Donated Leave-Recipient Employee-(FORM A)**

*Instructions: Complete this form to apply for donated leave. Before an employee may receive donated leave, he/she must have his/her physician complete Form B, which provides the beginning date of the catastrophic injury or illness, a description of the injury or illness, and a prognosis for recovery and the anticipated date that you will be able to return to work.*

Employee Information: To be completed by the recipient employee

1. \_\_\_\_\_  
Employee's Name School/Location  
  
\_\_\_\_\_  
Phone Number
2. Reasons for Request: \_\_\_\_\_ Personal medical condition \_\_\_\_\_ Medical Condition of immediate family member (spouse, parents, step-parent, sibling, child or step-child)  
Name of Relationship: \_\_\_\_\_
3. Date all compensatory, personal and major medical leave exhausted: \_\_\_\_/\_\_\_\_/\_\_\_\_
4. Certification: Check each statement.
  - a. I have been affected by a catastrophic injury or illness. \_\_\_\_\_ Yes
  - b. I have exhausted all compensatory, personal, and major medical leave. \_\_\_\_\_ Yes
  - c. I have been employed for a total of at least twelve (12) months on the date on which the leave is donated. \_\_\_\_\_ Yes
  - d. I have been employed for at least one thousand two hundred fifty (1,250) hours of service during the previous twelve month period from the date on which leave is donated. \_\_\_\_\_ Yes
  - e. Medical Release: I authorize the release of any information necessary to process this request. \_\_\_\_\_ Yes

\_\_\_\_\_  
Employee's Signature Date

\_\_\_\_ Approved \_\_\_\_\_ Not Approved \_\_\_\_\_  
Signature of Committee Chair Date

\_\_\_\_ Approved \_\_\_\_\_ Not Approved \_\_\_\_\_  
Signature of Superintendent Date