

Appendix J
College of Micronesia-FSM
APPLICATION FOR DONATED SICK LEAVE

1. NAME OF REQUESTING EMPLOYEE	2. DEPARTMENT/CAMPUS/OFFICE/DIVISION
3. NUMBER OF SICK LEAVES HOURS REQUESTED	4. DATES FOR WHICH REQUESTED LEAVE IS TO BE APPLIED
<p>I, the recipient employee, hereby acknowledge that upon approval of the application such leaves hours will be credited to me for use pursuant to the donated leave policy.</p> <p>Print Name: _____ Signature: _____ Date: _____</p>	
<p>DOCUMENTS SUBMITTED: <input type="checkbox"/> Application Form <input type="checkbox"/> Physician's Certification <input type="checkbox"/> Leave Summary</p>	
<p>SUPERVISOR'S ENDORSEMENT: <input type="checkbox"/> Support <input type="checkbox"/> Do not support</p> <p>COMMENTS: _____</p> <p>_____</p> <p>Print Name: _____ Signature: _____ Date: _____</p>	
DONOR USE ONLY:	
NAME OF DONOR:	NUMBER OF SICK LEAVE HOURS TO BE DONATED:
	DEPARTMENT/CAMPUS/OFFICE/DIVISION
<p>I, the donor employee, am freely and willing, and not for financial gain, forfeiting all rights to the leave hours as indicated above to the recipient employee. I further understand that upon approval these leave hours are no longer available to me pursuant to the donated leave policy.</p> <p>Signature: _____ Date: _____</p>	
FOR HUMAN RESOURCES USE ONLY:	
<p>REQUESTING EMPLOYEE MET THE FOLLOWING CRITERIA:</p> <p><input type="checkbox"/> Full-time <input type="checkbox"/> Has a continuing catastrophic disability</p> <p><input type="checkbox"/> Completed initial contract <input type="checkbox"/> Exhaustion of leave verified <input type="checkbox"/> Physician's certification attached</p> <p>COMMENTS: _____</p> <p>_____</p> <p>HR certification: _____ Date: _____</p>	
FOR PAYROLL USE ONLY:	
<p>REQUESTING EMPLOYEE HAS:</p> <p><input type="checkbox"/> Exhausted all compensatory time</p> <p><input type="checkbox"/> Exhausted all accumulated leaves</p> <p>COMMENTS: _____</p> <p>_____</p> <p>Payroll certification: _____</p>	<p>DONOR HAS:</p> <p><input type="checkbox"/> Accrued at least 30 sick leave days</p> <p><input type="checkbox"/> A balance of 10 sick leave days after donating</p> <p>Date: _____</p>

Copy to Donor, Recipient, Supervisor, Business Office and Human Resources Office