

The Maryland-National Capital Park and Planning Commission
Montgomery County Government Employees Organization (M.C.G.E.O.)
Request to Donate Sick Leave Form

Donor and Donation Criteria

1. Leave use is governed by the Merit Rules/CBA
2. Donors must contribute a minimum of 4 hours and be a union member.
3. If you are a M-NCPPC Sick Leave Bank member, you may donate only 8 hours once a year to one eligible member of the M.C.G.E.O. Sick Leave Donor Program on whose behalf donations have been requested.
4. Donated sick leave is limited to 80 hours annually for the Requestor to care for a seriously ill or injured member of their immediate family.
5. Any donated leave cannot be returned.
6. Recipient may receive more leave than needed.
7. Information not completed will invalidate the donation.
8. Return the form to the Health and Benefits Office after a minimum of 40 hours has been collected.

Sick Leave Requestor Information

Date _____ Employee ID Number _____

Employee Name: _____

Purpose for leave: Employee Illness Family Member Illness

Expected Leave Period: _____

Sick Leave Bank Participation Yes No

Note: If Employee requesting donations is a member of the M-NCPPC Sick Leave Bank, Employee cannot participate in the M-NCPPC S.L.B. and MCGEO Sick Leave Donation Program simultaneously.

Donor Information

Note: As a donor, I donate leave to the named employee in the amounts indicated in accordance with the requirements of the contract.

Donor's Name _____

Donor's Employee ID Number _____

Union Status Union Non-Union Sick Leave Bank Participation Yes No

Leave Type Sick Annual Personal How many hours are you donating? _____

Donor's Signature _____

Donor's Name _____

Donor's Employee ID Number _____

Union Status Union Non-Union Sick Leave Bank Participation Yes No

Leave Type Sick Annual Personal How many hours are you donating? _____

Donor's Signature _____

Donor's Name _____

Donor's Employee ID Number _____

Union Status Union Non-Union Sick Leave Bank Participation Yes No

Leave Type Sick Annual Personal How many hours are you donating ? _____

Donor's Signature _____

Donor's Name _____

Donor's Employee ID Number _____

Union Status Union Non-Union Sick Leave Bank Participation Yes No

Leave Type Sick Annual Personal How many hours are you donating ? _____

Donor's Signature _____

Donor's Name _____

Donor's Employee ID Number _____

Union Status Union Non-Union Sick Leave Bank Participation Yes No

Leave Type Sick Annual Personal How many hours are you donating ? _____

Donor's Signature _____

Health & Benefits Approval: _____ Date: _____

Benefit Manager Approval: _____ Date: _____