

**Gift of Time Request Form**

Name \_\_\_\_\_

ID# \_\_\_\_\_

Check one & complete  Hourly Normal weekly hours: \_\_\_\_\_

Salaried Total regular appt %: \_\_\_\_\_

Week leave(s) will be exhausted: \_\_\_\_\_

I would like to request \_\_\_\_\_ hours of donated time (max 80 hours per benefit year; pro-rated for part-time/100% appointment employees) for the following (please check one):

\_\_\_\_\_ Medical event – Must submit a physician certified Family Medical Leave Act (FMLA) form, or an alternate medical form has not satisfied the FMLA employment period (one year) or hours worked (1250) requirements, to be reviewed for approval and that donated time will only be available after all leave banks are exhausted.

\_\_\_\_\_ Major disaster – Must provide a summary description of the circumstances and need for donated time to be reviewed for approval, including the necessity for an extended period of absence from work that would not be covered by existing leave. (May attach additional info)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I understand that this Gift of Time is for the express purpose of assisting me for this qualifying event after I have exhausted all applicable leave.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date

-----HR Office Use-----

\_\_\_\_\_ approved date      1<sup>st</sup> pay: \_\_\_ PEALEAV entry \_\_\_ PHAHOUR entry/review \_\_\_ zero-out PEALEAV  
2<sup>nd</sup> pay: \_\_\_ PEALEAV entry \_\_\_ PHAHOUR entry/review \_\_\_ zero-out PEALEAV