

LEWIS & CLARK COLLEGE  
SICK LEAVE SHARING PROGRAM  
SICK LEAVE REQUEST FORM

RECIPIENT EMPLOYEE INFORMATION

Employee Name: \_\_\_\_\_ ID Number: \_\_\_\_\_  
 Department: \_\_\_\_\_  
 Supervisor: \_\_\_\_\_  
 Regular Hours per Week: \_\_\_\_\_

ELIGIBILITY TO RECEIVE DONATION

Are you a non-exempt employee? Yes  No   
 Do you have one (1) year of continuous service with Lewis & Clark? Yes  No   
 Have you exhausted all of your own sick and vacation hours? Yes  No   
 Do you have a serious illness or injury that requires care of a physician through inpatient or home health care? Yes  No   
 Are you on approved FMLA/OFLA leave? Yes  No   
 Have you been awarded any Workers' Compensation benefits? Yes  No   
 I  have  have not received donated sick leave for this same condition before.

SICK LEAVE REQUEST

I hereby request SICK LEAVE WITH PAY (not exceeding thirty days in any twelve-month period) as follows:

From:	To:	Total:
<i>Times and Dates</i>	<i>Times and Dates</i>	<i>Days Requested</i>
<b>Attach a copy of your up to date time sheet. Vacation and Sick leave balances should be zero.</b>		

ACKNOWLEDGEMENT AND SIGNATURE:

I meet all of the Sick Leave Sharing program requirements and I understand that the decision made by Human Resources concerning my request is final.

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

RECOMMENDATION OF RECIPIENT'S SUPERVISOR

Approved  Disapproved (state reason): \_\_\_\_\_

\_\_\_\_\_  
 Supervisor's Signature Title Date