

# Request to Receive Donated Leave

(Serious Illness/Injury)

Otero County Human Resources

Phone - (575) 437- 2603 \* Fax - (575) 439-2739

To Be Completed By Employee Needing Leave Donated

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

(City)

(State)

(Zip)

Home Telephone: \_\_\_\_\_ Work Telephone: \_\_\_\_\_

Department \_\_\_\_\_

Department Head \_\_\_\_\_ Approximate Number of Days Needed? \_\_\_\_\_

In accordance with the Otero County Ordinance 11-01, dated January 27, 2011, approval for leave donations can only be granted under the following conditions: Consistent with needs of the County and after consideration of the departmental workload, and after it is determined by the County Manager and Human Resources Department that the receiving employee is in need of leave due to catastrophic illness, resulting in a long-term absence, which is certified by a physician and which was beyond the receiving employee's control.

***Is this a work related injury/illness?***      **YES**      **NO**

***Leave-Start Date:***

***Anticipated End Date:***

Briefly Explain Health Condition Requiring Donated Leave :

**I certify that I understand and meet the requirements and conditions of the Otero County Personnel Policy in regards to donated leave.**

\_\_\_\_\_  
Employee Printed Name

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

\_\_\_\_\_  
Date

**I certify that I the above named employee meets the requirements and conditions of the Otero County Personnel Policy and is eligible to receive donated leave.**

\_\_\_\_\_  
Elected Official/Department Head (Print and Sign Above)

\_\_\_\_\_  
Date

## Human Resources Use Only

Physician Certification Received: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_

The Above Request      Does    Does Not    meet the guidelines of the Otero County Personnel Policy.

Recommend      Approval      Disapproval

Daniel Gutierrez   
Human Resources Director (*Print and Sign Above*)

Date

**I certify this request**      Does    Does Not    meet the guidelines of the Otero County Personnel Policy.

Approved    Disapproved

Ray Backstrom   
County Manager (*Print and Sign Above*)

Date