



Payroll Department

Employee Name: _____

Title: _____

Social Security Number: _____

Payroll Item Number: _____

I wish to participate in the CSEA LEAVE DONATION PROGRAM. I have completed at least one cumulative year of State Service. I am absent due to a non-occupational personal illness / disability for which medical documentation was and will be provided on a monthly basis. I expect to be absent for at least two bi-weekly payroll periods after the exhaustion of leave credits or sick leave at half-pay. I have not had any disciplinary actions or unsatisfactory performance evaluations within the last three years of State employment.

I understand that while I am using donated leave credits I will be considered to be in leave-without-pay status for attendance purposes. Therefore, I will not be earning bi-weekly leave accruals or observing holidays. Should my anniversary fall while I am using donated credits, I will not receive personal leave or bonus days.

_____ I wish to use donated credits in full day units after exhausting all leave credits prior to sick leave at half-pay

_____ I wish to use donated credits in full day units following exhaustion of sick leave at half-pay

_____ I wish to use donated credits in half-pay units following exhaustion of sick leave

Date

Signature