

LEAVE DONATION REQUEST

State of North Dakota
SFN 58960 (10/08)

Employee Name (Last, First, Middle Initial)	Employee ID Number
Employing Agency/Division/Unit	
<p>I am applying for a leave donation. I understand that state employees may donate leave to me as follows:</p> <ol style="list-style-type: none"> 1. Annual leave if I, a relative, or household member is suffering from an extraordinary or severe illness, injury, impairment or physical or mental condition that has caused or is likely to cause me to take leave without pay or terminate employment. These terms do not include conditions associated with normal pregnancy. Also, leave donated to me may only be used by me for the purpose specified; is not payable in cash; and cannot exceed 4 months, including both annual and sick leave, in any 12-month period. (NDCC 54-06-14.1) 2. Sick leave if I am suffering from an extraordinary or severe illness, injury, impairment, or physical or mental condition that has caused or is likely to cause me to take leave of absence without pay or terminate employment. These terms do not include conditions associated with normal pregnancy. Also, sick leave donated to me may only be used by me for the purpose specified; is not payable in cash; and cannot exceed 4 months, including both annual and sick leave, in any 12-month period. (NDCC 54-06-14.2) <p>Leave donations I wish to receive: <input type="checkbox"/> Annual Leave Estimated Number of Hours _____</p> <p style="padding-left: 150px;"><input type="checkbox"/> Sick Leave Estimated Number of Hours _____</p>	
<input type="checkbox"/> I certify that all leave available to me including sick leave, annual leave, and compensatory time has been used or <input type="checkbox"/> I certify that all leave available to me has not been used but will be used by _____. <div style="text-align: right;">(Date)</div>	
<input type="checkbox"/> Attached is a medical certificate from a licensed physician or health care practitioner verifying the severe or extraordinary nature and expected duration of the condition.	
Employee Signature	Date

DIRECTOR/DESIGNEE REVIEW

<input type="checkbox"/> Request is approved.	
<input type="checkbox"/> Request is denied for the following reason(s): <div style="height: 40px;"></div>	
Agency Director/Designee Signature	Date

Send copy to employee after form is completed.

(See reverse side for definitions)

Definitions as Defined in NDCC 54-06-14.1(1)

"Household member" means those persons who reside in the same home, who have reciprocal duties to and do provide financial support for one another. This term includes foster children and legal wards even if they do not live in the household. The term does not include persons sharing the same general house when the living style is primarily that of a dormitory or commune.

"Relative of the employee" is limited to the spouse, child, stepchild, grandchild, grandparent, stepparent, or parent of an employee.

"Severe" or "extraordinary" means serious, extreme, or life threatening. These terms do not include conditions associated with normal pregnancy.

"State employee" means a permanent employee with over six months continuous service with the state. It does not include employees on probationary status or employees on temporary or other limited term appointment.