

Leave Donation Request – City of Fond du Lac (This request will be confidential unless employee waives their anonymity.)

Date of request: _____

Employee name: _____ Date of Hire _____

Supervisor name: _____

Number of sick/vacation/floating holiday hours requested: _____

Reason for request of donated sick/vacation/floating holiday time:

I authorize Human Resources to release the following information concerning my need to the employees in the City of Fond du Lac for the sole purpose of soliciting donations of sick/vacation/floating holiday time. Yes No

I (DO) (DO NOT) (pick one) want the information in the Physician’s Statement released with my donation solicitation.

Signature of Employee: _____ Date: _____

Approved or Denied

1. _____
HR Manager Date

2. _____
HR Director Date

Physician's Statement

This is to certify that (employee/immediate family member) _____ has been under my professional care for this condition since (date) _____. It is my medical opinion that he/she has a life threatening, terminal or medical condition likely to result in a substantial incapacitation for an extended period of time. The diagnosis and resulting prognosis for this condition is:

Diagnosis:

Prognosis:

Physician's Signature: _____ Date: _____

Physician's Name (Please Print) _____ Phone: _____

Office Address: _____

(The GINA act prohibits employers from requesting or requiring genetic information of an individual or family member. Do not include any genetic information)

RETURN THE COMPLETED ORIGINAL FORM TO:

ATTN: Human Resources Benefits Coordinator

City of Fond du Lac Human Resources

160 S Macy Street

Fond du Lac, WI 54936-0150

(920) 322-3623