



The City and Borough of Juneau
 Human Resources & Risk Management Division
 155 S. Seward Street
 Juneau, Alaska 99801

LEAVE TRANSFER OR DONATION QUALIFICATION (Pursuant to 11 PR 110)

| | | |
|-----------------|----------------------|--------------------------------|
| Employee Name: | <input type="text"/> | |
| Department: | <input type="text"/> | Division: <input type="text"/> |
| Work Telephone: | <input type="text"/> | |

If you wish to receive personal leave transferred or donated to you by other CBJ employees, please read the following and respond with the information requested. Return the completed form to the Human Resources & Risk Management Office for a determination of qualification.

You may only receive transferred or donated leave if you are on leave without pay *AND* the absence is due to:

1. A family medical leave reason pursuant to CBJ's Family/Medical Administrative Policy:
 - a. Your own medical reasons. In order to assure that eligibility is established, provide confirmation from your physician that you are unable to work for medical reasons and the date upon which the physician expects to permit you to return to work.*
 - b. The necessity of your presence to care for a member of your immediate family with medical needs. In this case, the employee must provide verification from the family member's physician that the employee's presence is necessary to care for the affected family member and the date upon which the physician expects that the employee could be freed from the need to care for the family member*.
 - c. Birth or placement of a child.
2. Recent death of a family member pursuant to 11 PR 050. Please give your physician this form so that he/she will know what information is needed. Ask them to provide you with a letter, and then return it to the Human Resources & Risk Management Div. for a determination on eligibility.
3. You are on approved military or emergency service leave pursuant to 11 PR 100.

**If the physician is unable to provide this date and it is likely you will miss more than one week of work, it may become necessary for you to provide status reports from him/her every week to confirm on-going eligibility for this benefit.*

Briefly describe the reason for the absence:

| |
|----------------------|
| <input type="text"/> |
| <input type="text"/> |

How many hours of donated/transferred leave are you requesting?

Are you Union represented or non-represented ?

I attest that the above information is true and accurate to the best of my belief and understanding:

Signature

Date

| | |
|---------------------------------------|---------------------------------------|
| HUMAN RESOURCE OFFICE USE ONLY | |
| <input type="checkbox"/> Approved | <input type="checkbox"/> Not Approved |
| <input type="text"/> | <input type="text"/> |
| Signature | Date |