

Employee Health Services

DETROIT PUBLIC SCHOOLS

(313) 873-7339

**APPLICATION TO USE
DONATED SICK LEAVE DAYS**

(The Voluntary Sick Leave Donation Physician Statement must be attached)

Eligibility currently requires Detroit Federation of Teachers ("DFT") membership and medical certification that the requesting employee has a disabling catastrophic illness or injury expected to require treatment for at least 6 months or possibly life.

I understand my sick, vacation, and personal days must be exhausted before requesting donated sick leave days. By requesting the donated sick leave days, I waive my HIPPA protection as it relates to my request for donated sick leave days. I understand my name will be provided to all DFT members for this request. I further understand that the completion of the application does not guarantee that I will receive donated days.

Employee _____ Date: _____

Employee I.D. _____ Daytime Telephone No. _____

Applied for Retirement Yes No Yes, effective date _____

Applied for/receiving Social Security Yes No Yes, effective date _____

Workers Compensation Yes No Yes, effective date _____

Employee's Signature _____ Date _____

Return via fax: (313) 873-1757 or hand deliver to Employee Health Services, 4th Floor, Albert Kahn
DO NOT WRITE BELOW THIS LINE

_____ Request approved: from _____ to _____

_____ Request denied:

- _____ Required documentation by a physician not provided
- _____ Condition not considered catastrophic
- _____ All earned sick leave not used
- _____ Not an eligible DFT member
- _____ 30-day waiting period has not lapsed
- _____ Workers Compensation

Leave Manager, Employee Health Services _____ Date _____
cc: Office of Labor Relations