



Family Leave Pool– Recipient Form

Recipient's Name:	Recipient's ID:
Recipient's Department:	Recipient's Email:

I have reviewed the Family Leave Pool policy and understand the following:

- Donated sick leave must be used for reasons in accordance with the Family Leave Policy.
- State law expressly prohibits remuneration or gifts in exchange for donating sick leave and I attest that I have not and will not give any financial payment or gift in exchange for receiving this donation.
- If leave is contingent on qualification as a serious medical condition; I must provide medical documentation using the Family Leave Pool Health Care Provider Medical Certification form, to Human Resources. Failure to provide proper documentation will disqualify me from receiving these donated hours.'
- Leave may not be applied retroactively and may only be used for absences qualified under the approved certified medical illness or condition, pandemic related absences or baby bonding. It is my obligation to ensure proper usage of leave only for the certified condition.
- I must exhaust all available leave prior to utilizing family leave pool hours.
- Family leave pool hours do not transfer to another state agency, cannot be paid to my estate, does not qualify for retirement service credit, and is not eligible for restoration upon re-employment.
- My employing department will be notified that I have accepted the Family Leave Pool Donation..

Employee Signature

Date