



Broward County Board of County Commissioners
DIVISION OF HUMAN RESOURCES – EMPLOYEE BENEFIT SERVICES
DONATED LEAVE PROGRAM – RECIPIENT FORM

STEP 1

RECIPIENT'S REQUEST

Employee Name	_____	Division	_____
Employee Number	_____	Liaison Name	_____
Employee Phone	_____	Liaison Phone	_____
Employee Preferred Email	_____	Liaison Fax	_____

I am requesting donations of Sick and/or Annual Leave for the period:

Beginning (approx) _____ Ending _____ (within 3 months)

The patient is:

- Myself
- Spouse/DP
- Child
- Parent

Publication Waiver:

I give permission for my leave request to be publicized in BrowardEmployee.org
(formerly bc-net) and/or County Outlook *(No medical information will be published)* Yes No

I understand that the use of donated leave under this Program is subject to all applicable County rules regarding paid leave and FMLA and that my absence will be counted towards my FMLA timeframe whether or not my donated leave application is approved. To request an extension, I agree to submit an updated Donated Leave Recipient form.

Employee's Signature: _____ Date: _____

STEP 2

SUPERVISOR'S REPORT

- Yes No Has this employee been disciplined for abuse of sick leave in the past two years? If yes, provide copy of BC111 (*Sick Leave Monitoring is not applicable*)
- Yes No Is this related to a Workers' Compensation illness/injury?
- Yes No Current FMLA Designation Notice and Healthcare Provider Certification attached?

Supervisor's Name	_____	Signature	_____	Phone	_____	Date	_____
Director's Signature			_____	Date			

**Send completed forms to Employee Benefit Services by
Email: donatedleave@broward.org OR Fax: 954-728-2777 OR Interoffice: GC East, Room 514**

STEP 3

EMPLOYEE BENEFITS

Approved Through _____ Extension Approved Through _____ Denied _____

Comments: _____

Signature _____ Date _____

HOW TO APPLY FOR DONATED LEAVE

Donated Leave forms are located on County's browardemployee.org under Forms or at the Employee Benefits office.

When to apply for donated leave

When the employee is unable to work because of the serious health condition of the employee, spouse, domestic partner, parent, or child involving extended serious illness or injury typically requiring hospitalization or surgery.

How to apply for donated leave for self or family member

Complete Step 1 on the Donated Leave Recipient form and submit to your supervisor.

Where to return completed forms

Recipient Form

The completed Donated Leave Recipient form must be returned to your Division for processing. The supervisor will complete Step 2 and forward to Employee Benefits for processing.

Approval Process

In addition to the Recipient, Employee Benefits will request copies of the most current FMLA Healthcare Provider Certification and Designation Notice from the Division.

Donated Leave determination will not be processed until all documents are received. Failure to provide all required forms may result in a delay in the determination.

If the application is approved, Employee Benefit Services will notify the Division. If the application is denied, a written notification will be mailed to the Recipient's home address. The Division will also be advised of the decision.

**Broward County Human Resources Division
EMPLOYEE BENEFIT SERVICES
115 S Andrews Avenue, Room 514, Fort Lauderdale, FL 33301
Phone: 954-357-6700 | Fax 954-728-2777
Email: donatedleave@broward.org
www.broward.org/benefits**