



Labor Co-Chair
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ULSTER COUNTY – CSEA
 LABOR/MANAGEMENT COMMITTEE
 PO Box 1800
 KINGSTON, NY 12402-1800

Management Co-Chair
 Brenda Bartholomew
bbar@co.ulster.ny.us
 Phone: 334-3520

Sick Leave Donation Program Pay Request Form

Please Print

Applicant's Name: _____ Home Phone# _____

Department: _____ Unit: _____

Home Address: _____ City _____

State, Zip _____

I have filed for Family Medical Leave Act benefits Yes No

I give permission to share any attending physician information and notes that are part of the employer's file (disability) with this Sick Leave Donation Review Panel.

I agree to accept the sick leave pay under the terms of the Sick Leave Donation Program Policy.

I verify that the above information is a true and accurate report of the condition as I know it to be today. I have read and understand the limitations of this program as outlined in the Sick Leave Donation Program policy. I understand that any leave taken under this program is subject to the 20 day maximum request at a time.

Employee's Signature: _____ Date: _____

To be Completed by Appointing Authority (or Designee)

Employee has utilized or will utilize all accrued leave and will be off the payroll as of _____

Employee is on leave of absence, approved by appointing authority or authorized designee and has exhausted or will exhaust all paid leaves.

Employee has completed one (1) year of continuous service to the County.

Completed by: _____
 Name and Signature of Person completing form Title

To be Completed by the Sick Leave Donation Review Panel:

Sick Leave Request: Approved Not Approved

Reason not approved: _____

Signature of Sick Leave Donation Program Representative _____ Date _____

cc: payroll clerk, Payroll Department, employee

Please send completed application form to: The Sick Leave Donation Review Panel, Personnel Department, 244 Fair Street, Kingston, NY 12401, Phone: 845-340-3534, Fax: 845-340-3592