



THE SUPREME COURT *of* OHIO

65 South Front Street, Columbus, Ohio 43215-3431

Donated Leave Form

Section I: Donor Information

Employee Name _____

Department/Office _____

Division _____

Leave Donation for Payroll Period Ending

Number of Hours to Donate	Type of Leave to Donate
	Vacation Leave
	Sick Leave
	Personal Leave
	Total Hours to Donate

Section II: Recipient Information

Use of donated leave is limited to 56 hours per pay period while awaiting disability benefits.

Donated leave may not be used to supplement state-paid benefit program(s) (e.g. disability leave, adoption/childbirth leave, or workers' compensation).

Employee Name _____

Department/ Office: _____

Division _____

Section III: Certification

I hereby certify that this request is made voluntarily. I was not coerced, intimidated, or financially induced into donating leave. By signing, I hereby relinquish all rights to the leave shown above and the benefits accruing to or attached to the same. I understand that the donation of leave is irrevocable and irreversible and that no leave will be refunded to me. I certify that I will have a remaining balance of 80 hours or more of combined leave (sick, vacation, personal, and compensatory) after making this donation.

Signature of Donating Employee

Date