



## Donated Leave Program

### Recipient Affidavit Donated Leave Request Form

I request a leave award from the Donated Leave Program under the terms specified in the University's Program description, and with the understanding that the specific nature of my illness will be kept confidential.

_____ Name of Recipient (Print)	_____ Panther #	_____ FTE (e.g., 1.0, .75, .50)
_____ Department & P.O. Box	_____ GroupWise Email	_____ Phone #
_____ Date Medical Condition Began	_____ Date Medical Condition Ended (or is expected to end)	

I have not directly or indirectly solicited donations of sick leave time from other Georgia State University employees independently. I have not interfered with any right which another employee may have with respect to contributing, receiving or using sick leave under this program.

I am submitting herewith medical verification (form PCMC) which confirms a life-threatening or emergency medical condition as described in the Georgia State University Donated Leave Program policy.

I certify that the above statements are true and complete to the best of my knowledge. If I am acting on behalf of the employee recipient, I am providing documentation as having Power of Attorney with this form.

_____ Signature of Recipient or Authorized Recipient Representative	_____ Date
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**INSTRUCTIONS:** Please forward this Recipient Affidavit and supporting documentation to the HR-Benefits Office, Suite 330, One Park Place South, Atlanta, GA 30302-3982. Mark "confidential" and c/o the "Donated Leave Certification Committee".