ALLEGANY COUNTY

Department of Human Resources

CONFIDENTIAL

ALLEGANY COUNTY GOVERNMENT
SICK LEAVE DONATION APPLICATION

I, _____, _____,
Applicant Social Security Number

employed by Allegany County Government wish apply for _____days of sick leave.

1. I may not receive donated sick leave credit in excess of the number of hours that I am scheduled to work each pay period.
2. I agree that any unused sick leave that is donated on my behalf shall be returned to the donor if it is unused and I am able to return to work

I am requesting this leave of my own free will and have not been unduly influenced in any manner.

_____ _____
Applicant's Signature Date

FOR OFFICE USE ONLY (Record all data in hours).

Date certification of recipient's continuing disability was received: _____

Date sick leave is to be paid: _____

_____ _____
Director of Human Resources Date

701 Kelly Road
Cumberland, MD 21502
E humanresources@alleganygov.org
T 301 777-2190
www.alleganygov.org