

Request Form for Maternity Leave Donation

Name (*Please Print*): _____

Employee ID Number: _____

Agency/Office Location: _____

Numbers of Hours requested: _____

FML Approval Notice and copy of FML Doctor's Certification (if necessary) is attached.

Employee Signature: _____ Date: _____

Human Resource Use Only:

____ Eligible for Maternity Leave Donations

Copy to Employee _____ (date)

____ Ineligible for Maternity Leave Donations

Reason:

Verified by _____ Date _____
(Human Resource Contact)