



OHIO ASSOCIATION OF SOIL AND WATER CONSERVATION DISTRICT EMPLOYEES

"An organization of Soil and Water Professionals"

REQUEST TO DONATE LEAVE FORM FOR CATASTROPHIC SICK LEAVE PROGRAM

SECTION A (To be completed by donating SWCD employee)

I, _____, of the _____ Soil and Water Conservation District (SWCD), hereby request to donate _____ hours of my accrued sick leave to Jessica Grisier from the Lucas SWCD within 20 days of the approval date of May 19, 2020, for request number 2020-Grisier-CLS-Req01. Donated sick leave will be used in place of the employee's scheduled work days to the extent possible. I acknowledge that if a receiving employee does not use all donated sick leave during the period of their approved leave of absence, the unused balance shall remain in the account the Catastrophic Sick Leave Program (CSLP) Committee established according to ORC 1515.091 and shall be used to dispense funds in the future to the employing district of a receiving employee.

I acknowledge I am eligible to donate not less than eight (8) and not more than eighty (80) hours of sick leave during the same calendar year. I acknowledge the donated hours will be deducted from my current sick leave balance. I acknowledge my participation is totally voluntary and I acknowledge my employing Board of Supervisors, at their sole discretion, have the right to approve or refuse this request for participation in the OASWCDE Catastrophic Sick Leave Program.

Donating Employee's Signature

Date

This form must be received no later than 20 days from the approval date for the request for assistance by the CSLP Committee. The deadline date is June 8, 2020. If the SWCD Board meeting is not within the 20 days, please forward a copy of this form as intent to donate only to the CSLP Coordinator. Once request is approved, forward a copy of the signed form to the CSLP Coordinator.

SECTION B – Board Approval (to be completed by Employing District)

We, the Board of Supervisors for _____ SWCD, acknowledge the above hours are available for donation by the requesting employee of our district and we approve the aforementioned CSLP donation request.

Chairman, Board of Supervisors

Date

SECTION C – Donation Information (to be completed by Employing District)

_____ x \$ _____ = \$ _____
Hours Donated Pay Rate / Hour Total Amount Donated

Remaining sick leave balance for the donating employee after the donation will be the following: _____ hours

SECTION D (to be completed by CSLP Coordinator)

CSL Request #: 2020-Grisier-CLS-Req01 Date Request received: _____ Donation Request #: _____

RETAIN ORIGINAL REQUEST TO DONATE WITH SIGNATURES ON FILE AT THE LOCAL SWCD OFFICE. Please send a copy of the

request to donate to: Mike Libben, OASWCDE, CSLP Coordinator
240 W. Lake St., Oak Harbor, OH 43449
Phone: (419) 607-4054
Email: mike.libben@conservesenecacounty.com