



PUYALLUP TRIBE OF INDIANS



LEAVE DONATION RECIPIENT REQUEST FORM

I, _____, being an employee of the
(recipient's name)

Puyallup Tribe, hereby request to become a recipient of donated annual leave, as authorized by the Tribe's Voluntary Leave Sharing Program. A brief description of my medical emergency, severity and anticipated duration of the medical emergency follows: _____

I request that HR include my name on an e-mail sent to Tribal *Yes*

Employees to notify them that I am in need of sick leave donations *No*

I would like my donations to be disbursed via:

Rapid pay card (24 hours)

Direct Deposit (can take up to 2 weeks)

Verification of medical emergency by
Human Resource Director

Initials

Date

Recipient's Name

Date

Position

Supervisor

Date

**This e-mail will be sent upon HR's notification by Accounting of the need for Leave Donations and HR's confirmation that the employee is eligible for Leave Donations per the Leave Donation Policy approved by Resolution 140197B. Additionally, Leave Donations will be limited to the amount needed per pay period and confirmed by a medical certification.*