Compassionate Leave Verification Form

Keene State College

Employee requesting to receive Compassionate Leave donations: Please complete the following section and return to the Office of Human Resources Management, MS-1604.

Name of Receiving Employee	Receiving Employee SS#/ID #	Campus Tel. Number
Receiving Employee's Department/Depart Address	Receiving Employee's Employment Status (OS, PAT)	

I understand I may be eligible to receive compassionate leave donations if all of the conditions below apply:

a. I have submitted a completed Certification of Physician form to the Office of Human Resources Management, and it has been approved as Family and Medical Leave.
b. My medical care provider certifies that I have a serious health condition which will extend for a minimum of 30 calendar days.
c. I have exhausted, or expect to exhaust, all earned time/annual leave, sick leave/sick pool and compensatory time; and must be facing a minimum of five days of unpaid leave. (I may be eligible to receive compassionate leave to care for a family member even though I have sick leave/sick pool balance).
d. The total number of received days has not exceeded 20 working days in the 12-month period immediately preceding the receipt of this compassionate leave.
e. I expect to return to work for a period of at least 30 calendar days following the leave.

I project that my accumulated leave (and compensatory time for Operating Staff) will be exhausted on: _____
Date

I expected dates of my leave are _____to _____

I request compassionate leave for a period up to _____ hours (OS) or _____ days (PATs)

I consent to the written or oral disclosure of my name to eligible donors for compassionate leave purposes _____ Yes _____ No

Employee's Signature:_____Date_____

HR Use Only

For OS	Earned Time (hours)_____	(Date Exhausted)_____
	Comp Time (hours) _____	(Date Exhausted)_____
For Exempt	Vacation/annual (days)_____	(Date Exhausted)_____

I certify that this employee ____meets ____does not meet the recipient leave balance criteria *****

***** Must exhaust, or expect to exhaust, all earned time/annual leave, sick leave/sick pool, and compensatory time; and must be facing a minimum of five days of unpaid leave related to this absence.

HR Reviewer:_____ Date:_____

10/1/06