

MISSISSIPPI DEPARTMENT OF EDUCATION
REQUEST FOR DONATED LEAVE

I, _____, would like to request donated leave as provided in the Mississippi State Employee Handbook (July 1, 2013 edition) (Ch.3, pg. 7) and the MDE Employee Procedures Manual, Section 8.0 The proper documentation has been attached, including:

1. A physician's statement, which contains:
 - a. The beginning date of the catastrophic injury or illness;
 - b. a description of the injury or illness;
 - c. a prognosis for recovery; and
 - d. the anticipated date that the employee will be able to return to work.

2. If the employee is not the party who has suffered the catastrophic injury or illness, a brief statement providing the name of that individual as well as his or her familial relationship to the employee.

I hereby certify that the information provided is accurate to the best of my knowledge, and I grant the MOE permission to contact the physician who made the above statement to request any further information needed to determine my eligibility to receive donated leave.

Employee (Print Name)

Signature of Employee

Date