



Seattle
Police
Department

APPLICATION TO RECEIVE SICK LEAVE

SECTION I. RECEIVING EMPLOYEE INFORMATION

Serial #	Employee Name	Employee Number
Unit #	Unit Name	Job Title/Rank
I hereby request sick leave to be donated to my sick leave reserve in the amount of:		
I will exhaust my paid leave balances on:		
I will be unable to return to work until:		

SECTION II. ELIGIBILITY CONDITIONS FOR A RECEIVING EMPLOYEE

- The receiving employee has exhausted, or will exhaust in the current pay period, his or her paid leave balances due to his or her personal illness, injury, impairment, physical or mental condition which is likely to cause the employee to go on leave without pay, or to leave City employment, and
- The receiving employee has filed with the appointing authority of his or her employing unit a medical certification from his or her healthcare provider verifying the nature and expected duration of his or her condition and the employee's need to be off work, and
- The receiving employee has used his or her sick leave balance judiciously, and
- The receiving employee is not eligible for benefits under SMC Chapter 4.44 nor under the State Industrial Insurance and Medical Aid Act, and
- The receiving employee shall not receive more than 560 hours of donated sick leave for any single qualifying incident based upon the dollar value of such leave, which shall be converted from the donor to the recipient.
- The receiving employee may use donated sick leave only for the condition that qualified him or her for such donations.
- The receiving employee cannot use donated sick leave for any purpose once the condition that qualified him or her for such donation ceases to meet the qualifying criteria.

See City of Seattle Personnel Rule 7.7 – Sick Leave and Sick Leave Transfer

SECTION III. EMPLOYEE DECLARATION OF ACKNOWLEDGEMENT

I hereby certify that I have read and that all statements made on this request are true to the best of my knowledge. Furthermore, I certify that such sick leave donation(s) is intended to be a gift and is not conditioned upon the exchange of any compensation, obligation or consideration and that none has been or will be received.

I certify that an Insurer Activity Prescription Form (APF) is on file with the SPD Employment Services Lieutenant that certifies the period of incapacity for which the donations are requested.

Employee Signature

Date

SECTION IV. AUTHORIZATION

I do . I do not authorize the Seattle Police Department to advertise for donated sick leave donations on my behalf. Diagnosis of my medical condition will not be included in the Department Notice advertisement.

Employee Signature

Date

Human Resources Director

Date