

**OHIO DEPARTMENT OF NATURAL RESOURCES
APPLICATION TO REQUEST DONATED LEAVE**

Employee Statement

Employee Information

Name: _____

Job Title: _____

Division/Office: _____

Location: _____

Purpose of the Request for Donated Leave _____

Estimated Duration of Need for Donated Leave _____

Employee Injury/Illness

Is inpatient hospitalization of you (employee) required now or in the future? Yes No

Are you able to perform all functions of your assigned position? Yes No

If no, are you able to perform modified or restricted duties of your position? Yes No

Please list the type of restrictions and the duration (e.g. days, weeks, months).

Immediate Family Member Illness/Injury

Patient Name and Relationship to Employee: _____

Is inpatient hospitalization of the family member (patient) required now or in the future? Yes No

If yes, what time period? FROM: _____ DATE TO: _____ DATE

Does (or will) the patient require the assistance of the employee for one or more of the following: Medical, hygiene, nutritional needs, safety or transportation? Yes No

If yes, please explain: _____

Employee Signature

Date