



CARE Leave Request Form

REQUEST TO RECEIVE HOURS FROM CARE LEAVE BANK

Under the following conditions, a County employee may request to receive leave hours from the CARE bank:

- Must be employed with Navajo County a minimum of twelve (12) months to apply for CARE leave.
- Must have exhausted all available earned leave balances before CARE leave will be awarded.
- Employee cannot be receiving, or eligible to receive payments for long term disability from ASRS.
- Employee cannot be receiving payments for short term disability.
- Employee is required to provide documentation of a serious, incapacitating illness as defined under the Family and Medical Leave Act (FMLA) that prohibits the employee from returning to work.
- Employee must provide recommendation from the Elected Official or Department Director with regard to employee receiving hours from the CARE bank. (PLEASE INCLUDE)

Recipient is neither obligated nor expected to repay the donated hours.
Recipient shall not accrue annual and sick leave while using donated leave time.
Recipients will not receive Holiday pay while using donated leave.
All of the recipient's deductions currently in effect will apply.

I understand and meet the above qualifications, and would like to request to receive hours from the CARE bank.

Print Name

Signature

Date

Elected Official/Department Director

Date

Human Resources

Date