



Request for Leave Donations

Return completed and signed form to Human Resources for review

To Be Completed by Employee

Full Name: _____ Date: _____
Last First M.I.

Department: _____ Email _____

Home Phone: _____ Request for? Self Dependent

Reason for Request: _____

Date From: _____ Date To: _____ Leave time Requested - **Hrs.** _____

The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law. To comply with this law, we are asking that you not provide any genetic information when responding to this request for medical information. "Genetic Information" as defined by GINA includes an individual's family medical history, the results of an individual's or family member's genetic tests, the fact that an individual or an individual's family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services.

My signature below certifies that all information provided and related to this request for leave donations is true and accurate.

Employee Signature: _____

Review by Human Resources Department

Has the employee applied for FML or CLOA? YES NO

Was FML or CLOA approved by The Hartford? YES NO

Duration of approved leave: Start Date: _____ End Date: _____

Has employee exhausted all accrued leave or is expected to: YES NO

Maximum number of hours allowed based on approved leave and policy limits: _____

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Employee Name:

Disclaimer and Signature

Request for leave donation approved? YES NO

Comments: _____

Reviewed by: _____ Title: _____

Signature: _____ Date: _____