

# City of Minneapolis

## Donation Program for Serious Illness/Injury

### Application Form

This form is used for the purposes of administering the City of Minneapolis’s Donation Program for Serious Illness or Injury. The information provided on this form will be used by the City of Minneapolis in compliance with the Minnesota Government Data Practices Act (DPA). The requested data is private pursuant to sections 13.42 and 13.43 of the DPA. There is no legal requirement that an individual provide the requested data. Participation in the City of Minneapolis’s Donation Program for Serious Illness or Injury, however, requires that the data requested below be provided to the City of Minneapolis Human Resources Department, who administers the program. Information as to the nature of the serious illness or injury involved may be disclosed to other City of Minneapolis employees only with the informed consent of the employee pursuant to the Informed Consent For Release Of Data Form.

This form must be completed and accompanied by medical verification of the employee’s illness as well as the “Request for Leave of Absence Form” before it will be processed.

Return completed form to: Human Resources, Employer-Employee Relations, 350 S. 5th St., Room 1, Minneapolis, MN 55415.

**Part I** – To be completed by employee requesting leave donations (Please print or type). If the employee is unable to sign, a member of his/her immediate family must sign on the employee’s behalf.

Name		Employee Number	
Title		Department/Division	
Work address		Work phone	
Home address			
City		State	
Zip Code		Home phone	
Supervisor		Supervisor phone	
Date injury/illness began			
Anticipated return to work			
Date all paid leave was/will be exhausted			
Briefly describe the nature of illness/injury			

Disability benefits received by the employee from any other source will not be a consideration when determining eligibility to receive a donation.

Is this a work-related injury? Yes      No

Employees receiving Workers' Compensation benefits from a City-related injury or illness are not eligible to receive donations.

I am fully aware of and authorize the transfer of donated paid leave into my sick leave bank.

Employee Signature	Date
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**Part II – To be completed by employee's department**

I acknowledge that I am aware of employee's application for the Donation Program for Serious Illness.

Department Head or Authorized Signature	Date
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**Part III – APPROVAL - To be completed by Human Resources, Employer-Employee Relations**

Director, Employer-Employee Relations	Date
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