

HUMAN RESOURCES  
(575) 437-7427  
FAX (575) 443-2904



1101 NEW YORK AVE.  
ALAMOGORDO, NM  
88310-8935

**Request to Receive Donated Leave**  
(To Be Completed By Employee Needing Leave Donated)

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

(City)

(State)

(Zip)

Home Telephone: \_\_\_\_\_

Work Telephone: \_\_\_\_\_

Department: \_\_\_\_\_

Department Head: \_\_\_\_\_

Approx. Number of Days Needed? \_\_\_\_\_

In accordance with the Otero County Personnel Policy Ordinance No. 17-07 Adopted 19 October 2017, approval for leave donations can only be granted under the following conditions: Consistent with needs of the County and after consideration of the departmental workload, and after it is determined by the County Manager and Human Resources Department that the receiving employee is in need of leave due to a catastrophic illness, resulting in a long-term absence, which is certified by a physician and which was beyond the receiving employee's control.

**Is this a work related injury/illness?**      YES      NO

**Leave Start Date:** \_\_\_\_\_ **Anticipated End Date:** \_\_\_\_\_

Briefly Explain Health Condition Requiring Donated Leave:

**I certify that I understand and meet the requirements and conditions of the Otero County Personnel Policy in regards to donated leave.**

Employee Printed Name

Employee Signature

Date

**I certify that the above named employee meets the requirements and conditions of the Otero County Personnel Policy in regards to donated leave.**

Department Head's Printed Name

Department Head's Signature

Date

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## HUMAN RESOURCES USE ONLY

Physician Certification Received: \_\_\_\_\_

Leave Start Date: \_\_\_\_\_ Anticipated End Date: \_\_\_\_\_

The above request      DOES    DOES NOT    meet the guidelines of the Otero County Personnel Policy.

Recommend:            APPROVAL                    DISAPPROVAL

Cassie Green

Human Resources Director

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

I certify this request      DOES    DOES NOT    meet the guidelines of the Otero County Personnel Policy.

APPROVED                    DISAPPROVED

Pamela Heltner

County Manager

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date