Washington County School District Release of Information for Leave Donation Appeal

Employee's Name:	Empl# E0
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Employee's School:

I authorize the following information to be released to other district employees to be considered for possible leave donation. I understand that medical or personal information is generally considered private. I understand that the statement contained on this form will, by authorization of my signature below, be considered public information. I will not hold the District or its employees responsible for any violation of privacy.

Please write below your personal statement of exactly what information you are willing to release regarding your situation:

By signing below I acknowledge and agree to the following:

- 1. I agree that the district may edit the above appeal, using the identified issues and concerns.
- 2. I understand that by signing this form I am holding the District, Board Members and its employees harmless of any liability for release of the information.
- 3. I understand that employees are not obligated to donate leave and that I will not attempt to encourage them to do so.
- 4. I agree to pay the substitute cost for leave if the donating employee has deferred such costs to me.
- 5. I understand that the amount of leave will be limited by FMLA qualifying event.
- 6. I understand that actual leave usage will be tracked and that unused leave will be returned to the donating employee(s).

Signed: Date :	gned:	Date :		
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