

## SOLICITATION REQUEST FORM

Employee ID:

Last Name:

First:

Initial:

Work Location/Facility:

Job Title:

I am providing the following information, regarding my personal (or qualified family member's) medical condition, to solicit leave donations from other employees within this agency for my use as Sick Leave. I give my consent for this solicitation/information to be published as I have written.

As evidenced by my signature below, I certify that the solicitation request (shown above) is a personal disclosure. The GDC is authorized to circulate this information to all work units within this agency.

\_\_\_\_\_  
Employee or Designee's Signature

\_\_\_\_\_  
Date

**NOTE: This will not be processed without a fully completed Request for Leave Donation form and a Certification of Health Care Provider form.**