

## Statewide Solicitation Language for Family Member

Please forward to your staff:

**Employee's name** is a **job title** for the **agency name**. **Employee's name** has been out of work since **date** to care for **his/her** family member<sup>1</sup> who requires **his/her** personal attendance due to an illness<sup>2</sup>. **Employee's name** has used **his/her** leave in accordance with DE Code Title 29, Chapter 59 §5956 as of **date they used all leave**. **Employee's name** return to work is **date return to work is determined**.

If you are interested in donating to **employee's name**, please contact your Human Resources Representative for the donated leave forms also available online from the Department of Human Resources website at [http://hrm.omb.delaware.gov/employee/donated\\_leave/index.shtml](http://hrm.omb.delaware.gov/employee/donated_leave/index.shtml). Please read all information provided and complete the Donor portion of the form. Your supervisor must provide an approving signature. The completed forms should be returned to your Human Resources Representative for certification and then forwarded to **agency representative and agency address**, SLC:

An employee of the State of Delaware, with the approval of his/her immediate supervisor or Director of the Division in which he/she is employed, may donate sick leave and/or annual leave in accordance with DE Code Title 29, Chapter 59 §5956 to another employee of the State who is out due to the catastrophic illness of a family member of the recipient. The recipient of the donated leave must have been a State employee for at least six months, have used all of his/her sick leave, and half of his/her annual leave, and have established medical justification for such receipt.

**Employee's name** meets all of these requirements. Please share this notice with staff without access to e-mail.

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<sup>1</sup> The term "family member" or "member of an employee's family" means an employee's spouse, son, daughter or parent who resides with the employee and who requires the personal attendance of the employee during the family member's catastrophic illness.

<sup>2</sup> The term "catastrophic illness" means an illness or injury to an employee or to a member of an employee's family which is diagnosed by a physician and certified by the physician as rendering the employee or a member of the employee's family unable to work, or in the case of a family member who does not work, the medical equivalent of "unable to work," for a period greater than 5 calendar weeks.