

ytreyuioggggyDL- 4 AUTHORIZATION TO RELEASE INFORMATION FOR SOLICITATION PURPOSES FORM

DHR-STW-Form #: DHR-STW-402.1-F4	Authority: 29 Del. C. § 5956
Effective Date: September 10, 2024	Revision Date: September 10, 2024
Supersedes: DL-4 Authorization to Release Information for Solicitation Purposes 12/20/2017.	

Part 1: Completed by Employee Seeking Leave Donations

Employee Name: _____ Employee ID: _____

Agency (Name and Location): _____ Date of Hire: _____

Illness¹ of (Select One): Employee (Self) Employee’s Family Member

Date of Accident/Illness: _____ Date You Became Unable to Work: _____

Expected Return to Work Date: _____

Date All Sick Leave will be/was Exhausted: _____

Date One-Half of Annual Leave, or all leave if the request is for a family member, will be/was Exhausted: _____

Part 2: Family Member Information - Please complete if solicitation is for a family member.

Family Member’s Name: _____ Relationship to Employee: _____

Family Member’s Address: _____

How long has the Family Member been a resident at the present address:

¹ Illness is defined as any illness or injury to the 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 the member of the employee’s family unable to work; or in the case of family member who does not work, the equivalent of “unable to work” for a period greater than 5 calendar weeks or the equivalent in separate 7 calendar days or full calendar week periods resulting from the same or related medical condition and occurring within the same 12 consecutive month period.

Part 3: Employee Information on Other Sources of Income-Please complete the below chart as applicable; otherwise indicate “not applicable” or “not eligible”

	# of Hours	Benefit Amount	Date Payment Begins	Date Payment Ended
State Retirement/ Disability Pension				
Pay Pending Disability Pension Determination				
State Short-Term Disability Insurance				
Compensatory Time				
Social Security				
Private Disability Income Insurance				
Workers’ Compensation/PIP				
Workers Compensation Supplement Pay/PIP				
Leave Donations from Spouse or Other Relatives				
Any Other Wage Replacement Sources				

Part 4: Solicited Leave Donations

I understand that leave donations will normally be solicited in the following order. My agency or department will determine the actual order of the solicitation based upon the information provided. Please provide the information requested and any other suggestions you may have for soliciting leave donations.

1. I have solicited donated leave from the following state employees and have provided them with the DL-2 Request to Make a Direct Donation Form.

Employee Name	Agency	Work Location	SLC

- 2. My current work unit is: _____
- 3. My current work facility (ex. Stokely Center) is: _____
- 4. My current Division (ex. Public Health, Motor Vehicles) is: _____
- 5. My Department or Agency (ex. Correction, DHSS) is: _____
- 6. Other specific departments or agencies that I interact with in my job or would be a good source for donations for other reasons. Please indicate any specific departments or agencies: _____
- 7. Statewide Solicitation: Yes No

Part 5: Acknowledgement

I hereby authorize the release of information indicated above to solicit hours on my behalf under the State of Delaware Donated Leave Program. I understand that this information will be shared with employees requesting information in connection with my request for leave donations.

Employee Signature Date

By using this form, the parties acknowledge their agreement to conduct transactions by electronic means. A party's electronic signature for purpose of the Uniform Electronic Transactions Act, 6 *Del. C.* Ch. 12A may be provided by checking a box as indicated, electronic initials or name, or email confirmation.

A copy of this completed Agreement must be sent to the Agency Human Resources Office.