



FSW Paid Leave Donation Request Application for Donated time

The purpose of this application is to apply for time that was donated by members to assist when your bank has been depleted due to illness.

Availability of donated time will be decided by a committee and will be based on the amount of donated time that has been received.

Please read the attached information sheet regarding requesting donated time.

Please fill out this application and return it to the FSW office at message@fsw-union.org

Name _____

Phone # - cell _____ home _____

Email address _____

Street address _____

Position/workgroup _____

Location _____

FSW member? Yes/No ___ blank _____

Have you donated in the past? Yes/No ___ blank _____

What is the reason for you request?

Are you caring for a sick relative? (Please note that this will follow the contract guidelines for caring for family members)

How much time is remaining in your banks?

- Vacation _____
- Sick _____
- Comp _____

What was the last day you worked?

When is your estimated return to work?



FSW Paid Leave Donation Request

When asking the membership to donate time, we will sometimes use the name of the person who is requesting the time. Do you agree to allow the union to use your name in the request for time (This is optional) Yes/No _blank_____

By signing this form, you acknowledge that the information above is correct. You also acknowledge that you give the union consent to speak with Monroe County Human resources and to a release of information between Monroe county human resources and the Federation of Social workers. Your information will not be shared with the membership and it will be kept confidential.

Signature _____ Date ___12/16/2022_____