



MUNICIPAL BUILDING COMMISSION

DONATION PROGRAM FOR SERIOUS ILLNESS APPLICATION FORM

This form is used for the purposes of administering the Municipal Building Commission's Donation Program for Serious Illness or Injury. The information provided on this form will be used by the Municipal Building Commission in compliance with the Minnesota Government Data Practices Act (DPA). The requested data is private pursuant to sections 13.42 and 13.43 of the DPA. There is no legal requirement that an individual provide the requested data. Participation in the Municipal Building Commission's Donation Program for Serious Illness or Injury, however, requires that the data requested below be provided to the Municipal Building Commission's Human Resources Department, who administers the program. Information as to the nature of the serious illness or injury involved may be disclosed to other Municipal Building Commission employees only with the informed consent of the employee pursuant to the Informed Consent For Release Of Data Form.

This form must be completed and accompanied by medical verification of the employee's illness before it will be processed.

RETURN COMPLETED FORM TO:

MBC Human Resources
350 South 5th Street, Room 104
Minneapolis, MN 55415

SECTION I – To be completed by employee requesting leave donations (Please print or type). If the employee is unable to sign, a member of his/her immediate family must sign on the employee's behalf.

Employee Name: _____ Title: _____

Home Address: _____

City/State/Zip Code: _____ Home Phone: _____

Supervisor Name: _____ Work Phone: _____

Date Illness/Injury Began: _____ Anticipated Date of Return to Work: _____

Date all paid leave was/will be exhausted: _____

Briefly describe the nature of illness/injury: _____

Disability benefits received by the employee from any other source will not be a consideration when determining eligibility to receive a donation.

Is this a work-related injury? _____ Employees receiving Workers' Compensation benefits from a work-related injury or illness are not eligible to receive donations.

I am fully aware of and authorize the transfer of donated paid leave into my sick leave bank.

Employee Signature

Date

SECTION II – To be completed by employee's department.

I acknowledge that I am aware of employee's application for the Donation Program for Serious Illness

Supervisor Signature

Date

SECTION III – APPROVAL – To be completed by MBC Human Resources.

Human Resources Signature

Date



MUNICIPAL BUILDING COMMISSION DONATION PROGRAM FOR SERIOUS ILLNESS/INJURY

INFORMED CONSENT FOR RELEASE OF DATA FORM

Pursuant to the Municipal Building Commission's Donation Program for Serious Illness or Injury I have requested that fellow employees of the Municipal Building Commission donate vacation, sick leave and or compensatory time, into my sick leave bank. I understand that pursuant to the Minnesota Government Data Practices Act, in soliciting donations of leave time from other Municipal Building Commission employees, that the nature of the serious illness or injury involved is private data that may not be disclosed by the Municipal Building Commission to others, including to other Municipal Building Commission employees, without my informed consent.

Check the applicable box below:

☐ **I DO NOT** authorize the Municipal Building Commission and/or my supervisor to disclose to the Municipal Building Commission employees the nature of the serious illness or injury involved.

☐ **I DO** authorize the Municipal Building Commission and/or my supervisor to disclose to other Municipal Building Commission employees the following information:

Nature of Illness/Injury:	
Date Illness/Injury Began:	
Anticipated Return to Work Date:	

Employee Signature

Date