



**HUMAN RESOURCES DEPARTMENT**  
**REQUEST FOR DONATED LEAVE FOR COVID-19**

**Employee Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Department:** \_\_\_\_\_

I am requesting donated leave due to which of the following:

- Exhibiting symptoms of COVID-19 as defined in the [Employee Health Self-Assessment Form](#);
- Testing positive for COVID-19;
- Identified as a close contact by the City of Missoula or the Missoula City/County Health Dept. that results in a recommended isolation or quarantine.

**# of Hours requested (Estimate, if uncertain):** \_\_\_\_\_

Please request donations from:

- My department only.**
- City-wide.**

Please include my name on the request:

- Yes**
- No**

I understand that I may request more than one donation, and I understand I must have 80 hours or less of accrued leave. My leave meets the requirements for donated leave.

**Employee Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Supervisor's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Return completed form to HR-Scans or email to [department@ci.missoula.mt.us](mailto:department@ci.missoula.mt.us)**

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**For HR use only:**

Received by: \_\_\_\_\_ Date: \_\_\_\_\_

Verified eligibility: \_\_\_\_\_  
Date Initials

Date donated leave began: \_\_\_\_\_