



Ensure the most current form is submitted. Refer to EMACS Forms/Procedures website.

MEDICAL EMERGENCY LEAVE (MEL) PERMISSION TO ADVERTISE

Must print in Black or Blue ink ONLY

Employee ID	Rcd No.	Employee Last Name, First Name
Department		

In accordance with the Medical Emergency Leave Policy, I hereby grant or deny permission for the following department(s) to solicit, on my behalf, donations of vacation, holiday, administrative, annual, or other eligible leave hours from any County employee who wishes to donate leave.

Yes

No

County Wide

Only Department(s) listed. Please List:

NOTE: It is the department's responsibility to write the MEL advertisement using the template provided by the Human Resources Department and to distribute the advertisement to solicit donations.

I understand that the names of the employees who donate hours are to remain confidential.

Employee Signature	Date
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This form must be signed. Failure to do so will delay MEL processing.