

**APPEAL FORM FOR DENIAL OF LEAVE FROM THE
EMPLOYEE-TO-EMPLOYEE LEAVE DONATION PROGRAM**

NAME: _____

HOME ADDRESS: _____

AGENCY: _____

My request for leave should be reconsidered because:

In addition to submitting your appeal, please have your treating physician(s) fax any medical records that support your absence. The medical documentation should address the period of time you need leave from the Employee-to-Employee Leave Donation Program. It must include detailed information that explains the severity and duration of your medical condition(s). Please refer to the Employee-to-Employee Leave Donation Program – Medical Documentation form you received with your denial letter for examples of the type of documentation that should be provided. The appeal and the records may be faxed to 410-333-5440.