

Pohnpei State Government



Division of Personnel, Labor & Manpower Development

P.O. Box 1567

Kolonia Pohnpei, FM 96941

Tel: (691) 320-3000

Email: personnel@pohnpeidota.fm

Office of the Director

MEMORANDUM

TO: Chief, Div. of Personnel Labor & Manpower Dev.

FROM:

SUBJECT: Donation of Sick Leave

This is to authorize donation of _____ hours from my unused earned accumulated sick leave balance to _____ with Social Security No. _____ and employed by the _____, Pohnpei State Government.

I understand that the amount of authorized donated leave shall become the sick leave of _____ and is no longer available for my use.

I also understand that pursuant Part 11.9 of the PSSR as amended, I may only donate my unused earned accumulated sick leave to an employee who has a serious illness which prevents him or her from returning to work for a period of at least 21 consecutive days.

Attached is a medical certification authorizing _____ to be on Sick Leave for 21 consecutive days

Thank you,

Print

Signature

Certified by: _____
Chief, PL&MD

Approved by: _____
Director, Dept. of
Treasury & Admin.

Attachment:
Doctor's Certification
Check Stub