

Washington County School District
Release of Information for Leave Donation Appeal

Employee's Name: _____ SS#: _____

Employee's School: _____

I authorize the following information to be released to other district employees to be considered for possible leave donation. I understand that medical or personal information is generally considered private. I understand that the statement contained on this form will, by authorization of my signature below, be considered public information. I waive my rights to confidentiality and privacy in this regard.

Please write below your personal statement of exactly what information you are willing to release regarding your situation:

By signing below, I acknowledge and agree to the following:

1. I understand that medical information is normally kept strictly confidential; however, I explicitly waive my rights to the confidentiality provisions of the ADA, FMLA and any other state or federal law for the purposes of making the above announcement.
2. I agree that the District may edit the above appeal, using the identified issues and concerns.
3. I understand that by signing this form I am holding the District, Board Members, and its employees harmless of any liability for release of the information.
4. I understand that employees are not obligated to donate leave and that I will not attempt to encourage them to do so.
5. I agree to pay the substitute cost for leave if the donating employee has deferred such costs to me.
6. I understand that the amount of leave will be limited by FMLA qualifying event.
7. I understand that actual leave usage will be tracked and that unused leave will be returned to the donating employee(s).

Signed: _____ Date _____