



Additional/Donated Sick Leave Form

Toll Free: (855) 604-6230

Return to ReedGroup
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Broomfield, CO 80021
Fax#: (847) 554-1853

Additional/Donated Sick Leave Form

This form is to report only additional/donated sick leave that the employee accrued after the Initial Disability Claim Form was submitted.

Employee Name: _____ ERS Employee ID: _____

What is the first full day the employee started or will start using the additional/donated sick leave (start date cannot be prior to the first day absent, reported on the Initial Disability Claim Form)?

Start Date: _____

What date will the Employee exhaust all additional/donated sick leave?

End Date: _____

NOTE: Round up any partial sick leave days to a full day. For example, if the employee receives 8.5 additional hours that they will start using on February 1, you would enter a start date of February 1 and an end date of February 2.

Employer Name: _____

Representative Name & Title:

Signature: _____

Telephone Number: _____ Email Address: _____

Date: _____

The Benefits Coordinator should request a new form each time they are going to report a leave.