To My Fellow Polk County Employees:

My name is, _____**,** I have been employed by Polk County since _____. I am currently working for the Polk County _____ as an _____.

Unfortunately, I have been unable to work as a result of a serious illness/medical condition and have exhausted my available paid leave.
I am requesting your assistance in meeting my daily living expenses through the donated leave program. I have no other available sources of income.
I greatly appreciate your generosity and donation.

Sincerely,

_____
(employee's name)

_____
(today's date)