

Request to Donate Accumulated Personal Leave

Name: _____ ID # _____

Recipient Employee: _____

Is the Recipient Employee your Spouse? _____ Yes _____ No

Number of Donated Days: _____

A letter from a physician licensed to practice in the State of West Virginia must accompany this request. The letter must provide sufficient information to make a determination as to whether an employee is incapacitated within the meaning of "catastrophic medical emergency [medical condition that incapacitates an employee or a member of the employee's immediate family for whom the employee will provide care, which medical condition is likely to require the prolonged absence of the employee from duty].

Employee Date

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OFFICE USE

Is recipient employee a member of Sick Leave Bank? _____ If so, has the employee made application for an award of leave bank days? _____

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Approval of Superintendent (or designee) _____ Date _____

