

Wirt County Schools
Leave Donation Program

Request to Donate Accumulated Personal Leave

Name: _____

Number of Days You Wish to Donate _____ (Initially 2 days; 2 more if requested)

A letter from a physician licensed to practice in the State of West Virginia must be on file in the Superintendent's office. Sufficient information must be provided to make a determination as to whether the recipient 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 on duty).

Donor Employee Signature _____
Date

Administrative Use:

Donor employee total accumulated days of personal leave as of date of request: _____

Donor employee total accumulated days of personal leave that may be used
without cause: _____

Recipient employee accumulated days of personal leave (if any): _____

Is recipient employee a member of leave bank? _____

If so, has the employee made application for an award of leave bank days? _____

Number of days transferred to recipient employee: _____

Superintendent's Authorization

Ref: Wirt County File: G-14 Leave and Absence Policy, G-15 Sick Leave Bank Policy