

Wirt County Schools
Leave Donation Program

Request to Donate Accumulated Personal Leave

Name: _____

Recipient Employee _____

Is the Recipient Employee Your Spouse? Yes No

Number of Days You Wish to Donate _____ (Maximum: 15 days)

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 from 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-22 Personal Leave Donation Policy*