



West Virginia State University Catastrophic Leave Donor Application

Donor's Name:	
Department:	
Work Phone:	

As an active participant in the employee leave program, I wish to donate:

Sick Leave Day(s) Days to be donated

Annual Leave Day(s) Days to be donated

Name of Specific Eligible Recipient: Name of Recipient

- Sick leave donations may only be used through the donor's last day of active employment.
- Any leave donated by an employee but not used by the recipient shall be returned to the donating employee and reflected in the donor's leave balance.
- Leave donated shall be transferred and reflected on a day-for-day basis in accordance with applicable policy.

If you will be leaving employment with West Virginia State University, please provide your last day of employment: Last Date of Work

Donor Signature: _____ Date: _____