

# West Virginia University Catastrophic Leave Donor Application

Donor's Name: \_\_\_\_\_

Donor's ID/700 Number: \_\_\_\_\_  
(If you don't know your employee number, please contact your supervisor or EBO)

Department: \_\_\_\_\_ Work Phone Number: \_\_\_\_\_

As an active classified or non-classified participant in the employee's leave program, I wish to donate sick and/or annual leave as follows:

To Catastrophic leave bank

OR

To a specific eligible recipient

Name of specific eligible Recipient: \_\_\_\_\_

- Employees must maintain 22 days total in sick and annual leave banks combined in order to donate.
- Donations must be in whole day increments (7.50 hours/day) and may be for an unlimited number of days.
- Sick leave donations may only be used through the donors **last day of active employment**.

If you will be leaving employment with WVU, please provide your last day of work \_\_\_\_\_.

**Sick Leave Day(s)**

\_\_\_ Day(s) Specific Recipient  
\_\_\_ Day(s) Donor Bank

**Annual Leave Day(s)**

\_\_\_ Day(s) Specific Recipient  
\_\_\_ Day(s) Donor Bank

\_\_\_\_\_  
Donor's Signature

\_\_\_\_\_  
Date

If your donated time is used, Central Leave will send notification to you and your Department.

Please forward completed application to the following address:

WVU Division of Human Resources  
Medical Management Unit  
PO Box 6640  
Morgantown, WV 26506-6640  
Phone: (304) 293-5700 Ext 8 Fax: (304) 293-2644