WEST VIRGINIA DEPARTMENT LEAVE DONATION PROGRAM

APPLICATION TO DONATE ANNUAL LEAVE

In accordance with WV Code §29-6-27 and 143CSR2, I am applying to make a voluntary donation of annual leave as indicated below.

PLEASE PRINT OR TYPE

2. Social Security Number:

PART I - Applicant Information: To be completed by the applicant.

3. Agency:	4. Section:	5. Unit:
6. Total hours of annual leave applying to donate:		
7. Designated recipient s name:		
8. Designated recipient sagency:		
9. Applicant s signature:	10. Date:	
PART II - To Be Completed By Applicant's Appointing Authority or Designee. 1. Applicant's balance of leave remaining after deducting the leave donation:		
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1a. Annual Leave:	1b. Sick Leave:	1c. Total:
2. If this is an inter-agency donation, are there sufficient funds available to make this donation? Yes No		
3. The applicant is: ELIGIBLE to make the indicated leave donation. NOT ELIGIBLE to make the indicated leave donation. 3a. Reason: Please call the person named in item 7 below.		
4. Donor s hourly rate of pay:		
5. Dollar value of leave donated (i.e., total leave donated multiplied by donor s hourly rate of pay):		
6. FIMS account information for donor:		
7. Certified by: 8. Date:		
9. Title:	10. Phone:	

7/2/98

1. Name: