

Appendix A: Form

Request to Donate Accumulated Personal Leave

Name: _____

Recipient Employee: _____

Is the Recipient Employee Your Spouse? ___ Yes ___ No

Number of Days _____ [No more than 3 days per year may be donated to recipient employee who is not a spouse]

A letter from a physician licensed to practice in the State of West Virginia must accompany this request. The letter must provide sufficient information to make a determination as to whether an 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].

_____ Date: _____
Employee

Office 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 _____