



## CATASTROPHIC LEAVE DONATION FORM

Donor Name (Last , First)

Department

WVU Employee #

Phone #

E-mail

**In order to donate, donor must meet the following criteria:**

1. Donor must be in an active leave-eligible position at the time of donation
2. Donations must be in full days, where one day of donation equals 7.50 hours of leave
3. Donations may only be used through the donor's last physical working day of employment
4. Donor must have a total of 165 hours (22 days) sick and annual leave balances combined after donation is made

Current annual leave balance:

Current sick leave balance:

*If you will be leaving employment with WVU please provide your last physical working day (mm/dd/yyyy):*

**I wish to donate sick and/or annual leave as follows:**

*Number of days sick leave:*

*Number of days annual leave:*

*To the Leave Donor Bank*

*To a specific eligible recipient*

**If donating to a specific eligible recipient, please provide their full name:**

*I acknowledge that I am an active WVU employee and that all information provided on this form is truthful and accurate.*

*Signature (electronic signature accepted):*

*Date (mm/dd/yyyy):*

**PLEASE RETURN FORM TO:** WVU Division of Human Resources~ Medical Management Unit

**MAIL:** PO Box 6640 Morgantown, WV 26506-6640

**FAX:** (304) 293-2644

**EMAIL:** medicalmanagement@mail.wvu.edu