West Virginia University
Catastrophic Leave
Donor Application

Donor’s Name: ___________________________      Donor’s ID/700 Number: ___________________________
Department: ___________________________      Work Phone Number: ___________________________

NOTE:
• Donations must be in whole day increments (7.50 hours/day) and may be for an unlimited number of days.
• Donations may only be used through the donor’s last day of active employment.

If you will be leaving employment with WVU, please provide your last physical day at work: __________

As an active leave-eligible employee, I wish to donate sick and/or annual leave as follows:

☐ TO CATASTROPHIC LEAVE BANK

Sick Leave Day(s) = __________      Annual Leave Day(s) = __________

OR

☐ TO A SPECIFIC ELIGIBLE RECIPIENT

Sick Leave Day(s) = __________      Annual Leave Day(s) = __________

Name of specific eligible Recipient: ______________________________________

_____________________________________________________________________

Current Annual Leave Balance = __________

+ Current Sick Leave Balance = __________

TOTAL = __________

- Donated amount above (in hours) = __________

*TOTAL Balance = __________

*If the total balance is not equal to or greater than 165.00 hours
the donation is deemed ineligible.

Donor’s Signature ___________________________      Date ___________________________

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

Revised 9/1/12