CALHOUN COUNTY SCHOOLS
OFFICE OF THE SUPERINTENDENT
p.304.354.7011 f.304.354.7420
http://www.edline.net/pages/Calhoun_CSD
540 Alan B. Mollohan Drive
Mount Zion, WV 26151

REQUEST TO DONATE ACCUMULATED PERSONAL LEAVE

Name: _____

Recipient Employee: _____

Is the Recipient Employee Your Spouse? ___ Yes ___ No

Number of Days _____ [No more than 30 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 Signature

RETURN COMPLETED FORM TO PAYROLL DEPARTMENT

FINANCE OFFICE USE

RECEIVED: DATE_____ TIME:_____ BY:_____

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? _____ Yes _____ No

If so, has the employee made application for an award of leave bank days? _____ Yes _____No

ADOPTION DATE: 3/11/13