

Personal Leave Donation Program

Marshall County Schools
PO Box 578
Moundsville, WV 26041

Request to Donate Accumulated Personal Leave Form

Donor Employee Name: _____

Donor Employee's ID #: _____

Recipient Employee Name: _____

Recipient Employee ID #: _____

Is the recipient employee your spouse? _____ Yes _____ No

Number of Days Donated _____ (Maximum 5 days per year, if not your spouse)

A letter from a physician shall be requested from the recipient to verify that the employee is incapacitated within the meaning of "catastrophic medical emergency" as stated in Marshall County Policy 4432.02.

Donor Signature _____ Date _____

Return to the Personnel Director

Office Use Only

Donor employee total accumulated days of personal leave as of the date of request _____

Recipient employee accumulated days of personal leave (if any) _____

Is the recipient employee a member of the sick leave bank? _____ If so, has employee made application for an award of leave days? _____

Total number of days approved to be transferred to recipient employee _____

Approved by: _____ Date _____