

Glenville State University Catastrophic Leave Donor Application

Donor's Name: _____

Department: _____

Work Phone Number: _____

As an active participant in the employee's leave program, I wish to donate:

_____ Sick Leave Day(s)

_____ Annual Leave Day(s)

Name of specific eligible Recipient: _____

- Sick leave donations may only be used through the donor's **last day of active employment**.
- Any leave donated by an employee, but not used by the employee to whom it was donated, shall be returned to the donating employee and reflected in his/her leave balance.
- An employee receiving the transfer of leave shall have any time which is donated credited to such employee's leave record in one-day increments and reflected as a day-for-day addition to the leave balance of the receiving employee. The leave record of the donating employee shall have the donated leave reflected as a day-for-day reduction of the leave balance.

If you will be leaving employment with Glenville State College, please provide your last day of employment: _____

Donor's Signature

Date

Please turn in, email or fax completed FORM to:
Tegan McEntire – Director of Human Resources
Administration Building – Third Floor
Tegan.McEntire@glenville.edu
Phone Number: 304-462-6193
Fax Number: 304-462-6198