

GLENVILLE STATE UNIVERSITY CATASTROPHIC LEAVE RECIPIENT APPLICATION

Recipient

Employee's Name: _____

Home Phone Number: _____

Address: _____

City/State/Zip: _____

Department: _____

Job Title: _____

Supervisor: _____ Work Phone Number: _____

Last Day Actively Working: _____ Date Leave Exhausted: _____

I am seeking catastrophic leave for an injury/illness for:

____myself ____family member

If primary family member, name of family member: _____

Relationship to the employee: _____

The Catastrophic Leave Program (West Virginia Code 18B-9-10) provides for the transfer of sick and annual leave credit(s) from eligible voluntary donor(s) for use by an approved employee (recipient) who has exhausted all leave and other paid time off due to a catastrophic illness/injury incurred by the employee or primary family member.

Please provide a brief summary of the medical condition. (Additional pages may be added.)

- 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.

IMPORTANT – Before this application will be considered the recipient must submit a completed Medical Leave Verification Form to provide confirmation of patient's diagnosis, prognosis, recommended treatment and anticipated duration of the catastrophic injury/illness.

Employee Signature

Date

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