

APPLICATION TO DONATE ANNUAL LEAVE

In accordance with W.V. Code §29-6-27 and 143CSR2, I am applying to make a voluntary donation of annual leave as indicated below.

PLEASE PRINT OR TYPE

PART I – Applicant Information: To be completed by the applicant.

1. Name:		2. Social Security Number:	
3. Agency:	4. Section:	5. Unit:	
6. Total hours of annual leave applying to donate:			
7. Designated recipient's name:			
8. Designated recipient's agency:			
9. Applicant's signature:		10. Date:	

PART II – To Be Completed By The Applicant's Appointing Authority or Designee.

1. Applicant's balance of leave remaining after deducting the leave donation:		
1a. Annual Leave	1b. Sick Leave	1c. Total
2. If this is an inter-agency donation, are there sufficient funds available to make this donation? <input type="checkbox"/> Yes <input type="checkbox"/> No		
3. The applicant is: <input type="checkbox"/> ELIGIBLE to make the indicated leave donation. <input type="checkbox"/> NOT ELIGIBLE to make the indicated leave donation.		
QUESTIONS? Please call the person named in item 7 below.	3a. REASON:	
4. Donor's hourly rate of pay:		
5. Dollar value of leave donated (i.e., total leave donated multiplied by donor's hourly rate of pay):		
6. Oasis account information for donor:		
7. Certified by:		8. Date:
9. Title:		10. Phone: