

**HARRISON COUNTY BOARD OF EDUCATION
PERSONAL LEAVE DONATION PROGRAM
EMPLOYEE CONTRIBUTION FORM**

I, the undersigned employee of the Harrison County Board of Education, have received, read and understand the information in the Personal Leave Donation Program.

I wish to make a contribution from my personal leave of _____ days (no more than 5 days per year may be donated to a recipient employee who is not a spouse) to:

Recipient Employee: _____

Position: _____ Work Location: _____

Is the recipient employee your spouse? _____ Yes _____ No

A letter from a physician licensed to practice in the state of West Virginia must accompany this request (or already be on file in the Personnel Department). The letter must provide sufficient information to make a determination as to whether an employee is incapacitated with 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).

Donor Name _____ Work Location _____

Signature of Donor _____ Date _____

Donor Employee ID number

Return this form to the Harrison County Board of Education Finance Department.
A copy will be returned to the donor if days are needed and awarded to the recipient.

Office Use:
Donor employee total accumulated leave as of date of request: _____
Is recipient employee a member of the sick leave bank? _____ If so, has the employee made application for an award of leave bank days? _____

Number of days transferred to recipient employee _____

_____ APPROVED _____ NOT APPROVED

Signature of Superintendent/Designee _____

Date donated days awarded to recipient and charged to donor: _____