

**Bluefield State College
Catastrophic Leave
Donor Application**

Donor's Name: _____

Donor's Department: _____

Donor's Department Telephone: _____

**As an active participant in the employee's leave program I wish to donate sick
and/or annual leave to a specific eligible recipient:**

Name of specific eligible Recipient: _____

**Employees must maintain 22 days total in sick and annual leave banks combined in order to donate.
Donations must be in whole day increments (7.50 hours/day) and may be for an unlimited number of days.
Sick leave donations may only be used through the donors last day of active employment.**

Sick Leave Day(s)

Annual Leave Day(s)

____ Day(s) Specific Recipient

____ Day(s) Specific Recipient

Donor's Signature

Date

If your donated time is used, Payroll will notify you by memo.

Please forward completed application to the following address:

Department of Human Resources
Bluefield State College
219 Rock Street
Bluefield, WV 24701
Phone: (304) 327-4013 Fax: (304) 327-4321