

## 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"/> <b>ELIGIBLE</b> to make the indicated leave donation. <input type="checkbox"/> <b>NOT ELIGIBLE</b> to make the indicated leave donation.			
3a. <b>REASON:</b>			
<table border="1" style="width: 100px; height: 40px;"> <tr> <td> <b>QUESTIONS?</b>                      Please call the person named in item 7 below.                 </td> </tr> </table>			<b>QUESTIONS?</b> Please call the person named in item 7 below.
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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. FIMS account information for donor:			
7. Certified by:		8. Date:	
9. Title:		10. Phone:	