

ROANE COUNTY COMMISSION

200 Main Street, Spencer, WV 25276

Application for Leave Donation

Part I – Applicant Information – To be completed by employee or designee

Name: _____ Department: _____

Reason for Request:

Personal Medical Condition: _____ Yes _____ No

Medical Condition of Immediate Family Member : _____ Yes _____ No

Relationship to Employee: _____

The reason for the request must be verified by a physician treating the individual with the medical condition. The physician must provide the information requested in Part II, sign and date the form.

In applying for leave donation, I agree to hold harmless and hereby release employees, agents and/or officials of Roane County from any liability in the release of any type of information concerning this request, including, but not limited to, medical information.

Completed by: _____ Phone: _____

Address: _____

Part II – To be completed by attending physician

Patient's Name: _____ Date of Last Examination: _____

This patient is/was under my care from _____ to _____ and is or was hospitalized from _____ to _____. His/her absence from work is necessitated by a medical condition and the patient is/will be unable to return to work until _____. (Please provide dates, even if approximate).

Other comments and/or information:

Physician's Name: _____ Phone: _____

Address: _____

Signature: _____ Date: _____

Part III – To be completed by the Office of the County Clerk

Applicant's available leave balances as of _____ would be as follows:

Vacation: _____ Sick: _____ Compensatory: _____ Total: _____

Date the above-referenced employee leave balances will be exhausted: _____

Signature: _____ Title: _____

Date: _____