

ROANE COUNTY COMMISSION

200 Main Street, Spencer, WV 25276

Application to Donate Leave

Part I: Employee Information

Name: _____

Number of Sick Days/Hours You are Donating: _____

**I hereby acknowledge that my donation of sick leave will result in a reduction of my accumulated sick leave at the time of my retirement, which heretofore would have resulted in extension of time calculation for retirement)* Signature of Employee: _____

Number of Vacation Days/Hours You are Donating: _____

Designated Recipient's Name: _____

Employee's Signature

Date

Part II: County Clerk Verification of Leave Time Available

Employee's Accrued Vacation Leave: _____

Balance After Donation of Vacation Leave: _____

Employee's Accrued Sick Leave: _____

Balance After Donation of Sick Leave: _____