

JEFFERSON COUNTY COMMISSION

Leave Donation Authorization Form



Donor Information

Donor Name: _____

Department/Position: _____

Hire Date: _____

Phone / Email: _____

1. Donation Details

I voluntarily elect to donate the following accrued leave to an approved recipient under the Jefferson County Leave Donation Policy:

Annual Leave – _____ hours

Sick Leave – _____ hours

(Minimum donation increment: four (4) hours)

2. Eligibility Confirmation

By signing below, I confirm that:

- I am actively employed and in good standing.
- I will retain a minimum combined leave balance of eighty (80) hours after this donation, including no fewer than forty (40) hours of sick leave.
- This donation is voluntary and I understand the donated leave will not be returned to me.
- Once processed, this donation is irrevocable.

3. Sick Leave Retirement Acknowledgment (Required if Donating Sick Leave)

Under West Virginia retirement provisions, accumulated sick leave may be credited toward years of service at retirement in accordance with the rules of the West Virginia Public Employees Retirement System (PERS).

If I am donating sick leave, I understand that I permanently forfeit the donated sick leave hours and any potential retirement service credit associated with those hours.

I make this decision voluntarily and with full understanding of its impact.

Donor Signature/Date: _____

For HR Use Only

Date Authorization Received/Reviewed: _____

Donor Eligibility Verification

Actively employed Good standing verified Leave balance reviewed

Current Leave Balances (Pre-Donation)

Annual Leave: _____ Sick Leave: _____ Combined Total: _____

Post-Donation Leave Balances

Annual Leave: _____ Sick Leave: _____ Combined Total: _____

- Minimum combined balance of eighty (80) hours retained
- Minimum forty (40) hours of sick leave retained
- Donation meets minimum four (4) hours increment requirement

Recipient Eligibility Confirmation

Recipient Name/Department/Title: _____

- Approved recipient under Leave Donation Policy FMLA verified and active
- 480-hour rolling 12-month cap reviewed

Total hours previously received: _____
Hours approved for this donation: _____
Updated total (rolling 12 months): _____

Payroll Processing

Donation approved Donation Denied If denied, reason: _____

Date forwarded to Payroll: _____

Accrual coding verified (no accrual during donated leave): Yes No

HR Representative Name/Signature/Date: _____