

**Fairmont State University / Pierpont Community and Technical College**

**Catastrophic Leave Donation Form**

(Classified, Non-Classified, 12-Month Faculty Employees)

**Instructions:** Please print, sign, and forward this form to Human Resources, 324 Hardway Hall

I, \_\_\_\_\_, agree  
(Employee Name – please print)

to donate:

\_\_\_\_\_ sick leave days

\_\_\_\_\_ annual leave days

to \_\_\_\_\_ as part of the Fairmont State University and Pierpont Community and Technical College Catastrophic Leave Transfer Policy. It is my understanding that these days will not be deducted from my sick leave balance until the receiving employee uses these days.\*\*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

*\*\*Leave is used by the receiving employee on a first donated/first used basis as determined by the Human Resources Office.*

*Should you desire to withdraw your donation, you must do so in writing with the understanding that it may have already been used.*