

**Bluefield State University
Catastrophic Leave Donor Form**

Donor's Name: _____

Donor's Department: _____

Donor's Department Telephone: _____

As an active participant in the BSU employee's leave program, I wish to donate sick and/or annual leave to a BSU employee per the catastrophic leave program. I understand the following:

- Employees must maintain 22 days total in sick and annual leave balances combined in order to donate leave.
- Donations must be in whole day increments (7.5 hours/day) and may be for an unlimited number of days.
- Sick leave donations may only be used through the donors last day of active employment.

Department or Name of specific eligible Catastrophic Leave Recipient: _____

Number of Sick Leave Days I wish to donate: _____

Number of Annual Leave Days I wish to donate: _____

Donor's Signature Date

If your donated time is used, it will reflect on your employee leave calendar. Questions regarding your leave balances should be directed to the Payroll Office at (304) 327-4041. Policy references in general include BSU Policy No. HR-704 "Employee Leave" and BSU Policy No. HR-709 "Catastrophic Leave" available at <https://bluefieldstate.edu/resources/board-governors>.

Please forward completed Catastrophic Leave Donor Form to:

Office of Human Resources
Bluefield State University
219 Rock Street
Bluefield, WV 24701
Phone: (304) 327-4013 Fax: (304) 327-4321