

**MOUNTWEST COMMUNITY & TECHNICAL COLLEGE**

HR, Employee Development &amp; Payroll - Suite G12 One Mountwest Way, Huntington, WV 25701 -

Phone 304.710.3501, FAX 304.710.3505, E-mail: [empdev@marshall.edu](mailto:empdev@marshall.edu), Web [www.mctc.edu/hr](http://www.mctc.edu/hr)

For any questions about or assistance with this form, contact Human Resources &amp; Employee Development at the above address.

**CATASTROPHIC LEAVE DONATION FORM**

This form is used to make a donation of accrued sick leave and/or annual leave to the Mountwest Community & Technical College catastrophic leave bank. Leave accruing employees of Mountwest Community & Technical College participate in this leave bank and may make contributions to it. The fields in this form can be completed on-screen, after which the form can be printed. Alternatively, the form may be printed blank and completed with typewriting or ink. Please print legibly. Completed forms should be sent to HR, Emp. Dev. & Payroll at the above address **The maximum allowable contribution to the catastrophic leave bank is 52.5 hours of annual leave and/or 52.5 hours of sick leave per fiscal year.** NOTE: If you do not know your MCTC ID number, you may enter your Social Security Number. Neither number will be divulged in any external transaction pertaining to the catastrophic leave program.

**PART I – TO BE COMPLETED BY DONOR**

|  |  |                                     |  |
|--|--|-------------------------------------|--|
| Name:  |  | MCTC ID #:                          |  |
| Title:   |  |                                     |  |
| Department:  |  | Date:                               |  |
| <i>Please note: <b>Maximum allowable sick leave and annual leave for the fiscal year is seven days (52.5 hrs).</b></i> |  |                                     |  |
| Hours of sick leave (SL) donated:  |  | Hours of annual leave (AL) donated: |  |

Leave may be contributed to a specific individual who has an approved request for catastrophic leave or may be contributed to the general bank to be used for other leave requests as needed. Please check the appropriate box below indicating which type of donation is desired.

|  |   |
|--|---|
| <input type="checkbox"/> FOR A SPECIFIC INDIVIDUAL | <input type="checkbox"/> FOR THE GENERAL LEAVE BANK |
|--|---|

If this donation is for a specific individual, please indicate below the name of the individual you are donating for. Any donations for which forms are checked for a specific individual but which do not reflect the name of the person donated to will be placed in the general leave bank. If donating to the general leave bank, leave this space blank.

|                                   |  |
|-----------------------------------|--|
| Name of person for whom donating: |  |
|-----------------------------------|--|

Leave donations for particular individuals are applied in the order in which received in HR, Emp.Dev. & Payroll. If the named beneficiary does not use the leave donated herein, do you wish it to be refunded to your own leave account, or do you wish it to remain in the general leave bank?

|   |   |
|---|---|
| <input type="checkbox"/> Refund unused leave to my account. | <input type="checkbox"/> Leave my donation in the general leave bank. |
|---|---|

I understand that I can donate sick leave and/or annual leave that I have already accrued. I certify that this donation is made freely without coercion or pressure by any College official and that no promise of benefit or favor has been made or is expected.

|            |  |
|------------|--|
| Signature: |  |
|------------|--|

**PART II – TO BE COMPLETED BY HR, EMPLOYEE DEVELOPMENT & PAYROLL**

|  |   |                            |
|--|---|----------------------------|
| Your sick leave donation of  |   | hour(s) has been accepted. |
| Your annual leave donation of  |   | hour(s) has been accepted. |
| Your SL/AL donation will be reflected as usage in the month and year of: |   |                            |
| If donation not accepted, reason is:                                     |   |                            |
| Signature (HR, Emp. Dev. & Payroll)                                      |   |                            |
| Title:   | Director, Human Resources, Employee Development & Payroll |                            |

**DISTRIBUTION:** Forms with Part I completed by donor: Original to Human Resources, Employee Development & Payroll. Keep a copy. Forms with Part II completed by Human Resources, Employee Development & Payroll, copy to donor. Keep a copy.

06/14/10