



# West Virginia Department of Transportation

## Leave Donation Program

### Application to Donate Annual Leave

DOT.3.11.00

Issue Date: 04/06/2022

Revised: 03/13/2025 Page 1

In accordance with W.V. Code §29-6-27 and 217CSR1, I am applying to make a voluntary donation of annual leave as indicated below.

**PLEASE PRINT OR TYPE**

#### PART I – Applicant Information: To be completed by the applicant.

1. Name:		2. Oasis Number:	
3. Agency:	4. Section:	5. Unit:	
6. Total hours of annual leave applying to donate:			
7. Designated recipient's name:			
8. Designated recipient's agency:			
9. Applicant's signature:		10. Date:	

#### PART II – To Be Completed by The Applicant's Appointing Authority or Designee.

1. Applicant's balance of leave remaining after deducting the leave donation:		
1a. Annual Leave	1b. Sick Leave	1c. Total
2. If this is an inter-agency donation, are there sufficient funds available to make this donation?		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
3. The applicant is: <input type="checkbox"/> <b>ELIGIBLE</b> to make the indicated leave donation.		
<input type="checkbox"/> <b>NOT ELIGIBLE</b> to make the indicated leave donation.		
3a. <b>REASON:</b>		
4. Donor's hourly rate of pay:		
5. Dollar value of leave donated (i.e., total leave donated multiplied by donor's hourly rate of pay):		
6. OASIS ID for donor:		
7. Certified by:		8. Date:
9. Title:		10. Phone: