

UNIVERSITY OF MARY WASHINGTON

Donor Form - Leave Sharing Program

I wish to donate annual leave hours (if A/P Faculty annual or sick days) as indicated below. I understand that I cannot reclaim these donated leave hours/days after they have been processed to the recipient, except as permitted by Policy 4.35.

DONOR NAME: _____

DONOR EMPLOYEE ID # _____

ANNUAL LEAVE HOURS/DAYS DONATED: _____

IF A/P FACULTY - SICK LEAVE DAYS DONATED: _____

DONOR'S SIGNATURE: _____

DATE: _____

OPTIONAL: Name of designated recipient _____

Non designated donations will be applied on as need basis.

FOR HR and Payroll Use only:

RECIPIENT'S NAME: _____

RECIPIENT'S EMPLOYEE ID #: _____

AGENCY LEAVE ADMINISTRATOR:

Name: _____ **Signature** _____

DATE RECEIVED IN HR _____

CC to Payroll _____

Pay period applied _____

Leave Usage _____

DO NOT place in Employee's Personnel File. Destroy in accordance with the Library of Virginia's Retention and Disposition Schedules.