

COMMONWEALTH of VIRGINIA

Recipient Application Leave Sharing Program

I wish to apply for leave share donated hours as indicated below.

Applicant Name: _____

ID #: _____

AGENCY NAME/NO.: _____

PURPOSE OF LEAVE: _____

ESTIMATED LENGTH OF ABSENCE: _____

I understand:

- my rights as outlined in the Policy 4.35, Leave Sharing Program and agree to the procedures and
• that I must submit this completed form with medical documentation to Human Resources.

APPLICANT'S SIGNATURE: _____ DATE: _____

AGENCY LEAVE ADMINISTRATOR: _____

DATE RECEIVED: _____
