Attachment A

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: _____

****

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

Attachment B

COMMONWEALTH of VIRGINIA

Donor Form - Leave Sharing Program

I wish to donate annual leave hours as indicated below. I understand that I cannot reclaim these donated annual leave hours after they have been processed to the recipient.

DONOR NAME: _____

ID #: _____

AGENCY NAME/NO.: _____

ANNUAL LEAVE HOURS DONATED: _____

RECIPIENT'S NAME OR CASE #: _____

RECIPIENT'S ID # (if known): _____

RECIPIENT'S AGENCY/NO.: _____

DONOR'S SIGNATURE: _____ **DATE:** _____

_ _ _ _ _ _ _ _ _ _ _

AGENCY LEAVE ADMINISTRATOR: _____

DATE RECEIVED: _____

DATE PROCESSED: _____

****

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