

*Commonwealth of Virginia*

**Recipient Application Leave Sharing Program**

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

**Applicant Name:** \_\_\_\_\_

**Mason G#** \_\_\_\_\_

**Agency Name/No:** George Mason University, #247

**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 & Payroll

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_

**Agency Leave Administrator Signature** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_

**Date Received:** \_\_\_\_\_