

## Virginia Polytechnic Institute & State University Leave Sharing Recipient Form

Recipient Name: \_\_\_\_\_

Recipient Employee ID Number: \_\_\_\_\_

Home Address: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Department: \_\_\_\_\_

Reason for Leave Request: \_\_\_\_\_

Estimated Length of Absence: \_\_\_\_\_

Leave donations received after the employee’s eligibility status changes will be returned to the donor in accordance with established Human Resources procedures. Retroactive donations will be accepted until the end of the pay period after the recipient has returned to work.

Many times, upon making a leave donation, the donor will ask the name of the individual benefiting from their contribution. If there are inquiries as to the name of the individual receiving Leave Sharing, may we release your name as a recipient?

Yes       No

I understand my rights as outlined and agree to abide by the procedures. I understand I must submit this form and the required medical certification to Human Resources.

**Employees receiving leave donations are not eligible to receive pay for any holiday that occurs during the period of leave sharing.**

\_\_\_\_\_  
Applicant Signature \_\_\_\_\_  
Date

For Human Resources Use Only

Approved: \_\_\_\_\_ Date: \_\_\_\_\_

Denied: \_\_\_\_\_ Date: \_\_\_\_\_

Reason, If Denied: \_\_\_\_\_

Upon completion submit to:      Division of Human Resources - 0318  
300 Turner Street NW  
Suite 2300, North End Center  
Blacksburg, VA 24061  
Phone: (540) 231-9331 • Fax: (540) 231-3830