

### Leave Sharing Donor Form

Donor Name: \_\_\_\_\_

Donor ID Number: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Department Name: \_\_\_\_\_ Mail Code: \_\_\_\_\_

Annual Leave Hours Donated: \_\_\_\_\_  
(Must be in 8 hour increments and must be annual leave hours)

Recipient's Name Or Department: \_\_\_\_\_  
(Must be completed to include department or individual name)

Relationship: \_\_\_\_\_  
(State if recipient is a family member in another State Agency)

Agency: \_\_\_\_\_  
(State if recipient is a family member in another State Agency)

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.

I wish to donate the leave I have indicated above. I certify that my leave donation does not exceed my current leave balance and I understand I cannot reclaim my donated leave, once it has been processed.

\_\_\_\_\_  
Donor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Human Resources Representative

\_\_\_\_\_  
Date Received

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