

LEAVE SHARING

RECIPIENT APPLICATION FORM

THIS FORM IS TO BE COMPLETED AND SUBMITTED TO HUMAN RESOURCES FOR CONSIDERATION AND APPROVAL FOR THE LEAVE SHARING PROGRAM.

EMPLOYEE NAME _____

UIN _____

HOME ADDRESS _____

WORK PHONE _____ HOME PHONE _____

AGENCY Old Dominion University AGENCY NO 221

DEPARTMENT _____

REASON FOR LEAVE SHARE REQUEST _____

DATES OF ABSENCE _____

(check one)

I WISH MY NAME USED IN THE EMAIL REQUEST FOR DONATIONS

I DO NOT WISH MY NAME USED IN THE EMAIL REQUEST FOR DONATIONS

I understand my rights as outlined in Leave Share Policy 4.35 and agree to abide by the procedures discussed in that policy. I understand I must submit this form and medical documentation to Human Resources for approval.

RECIPIENT'S SIGNATURE _____ DATE _____

FOR HUMAN RESOURCE USE ONLY

APPROVED _____ DATE _____

DENIED _____ DATE _____

REASON FOR DENIAL _____