

Leave Sharing Donor Application

Employee Name: Last First M.I.

Employee ID:

Personal Email: UVA Email:

Home Phone: Work Phone:

I wish to donate hours of Annual or University Leave to:

*(Recipient’s Name)*

*If you wish to donate to whoever needs the time you may indicate this in lieu of a recipient’s name.*

# My identity shall be revealed shall not be revealed to the potential recipient.

**Donor’s Certification**: I have donated annual leave in eight‐hour increments, or University leave in one-hour increments, and I can reclaim my donation only if my Donor Application has not yet been processed.

Donor’s Signature Date

# For completion by UVA HR Solution Center, leave team:

Approved donation hours, recipient.

Authorized by Date

Please return the completed form to the UVA HR Solution Center, leave team, via fax 434-924-4042 or email [leave@virginia.edu](mailto:leave@virginia.edu)