



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