

LEAVE SHARING

Revised 7/2021

D O N O R FORM

=====

I WISH TO DONATE THE NUMBER OF HOURS OF ANNUAL LEAVE THAT I HAVE INDICATED BELOW. I UNDERSTAND THAT I CANNOT RECLAIM MY DONATED LEAVE UNLESS THIS FORM HAS NOT BEEN PROCESSED.

=====

DONOR NAME _____

UIN _____

AGENCY Old Dominion University

ANNUAL LEAVE HOURS DONATED _____

NAME OF RECIPIENT HOURS TO BE DONATED: _____

I do

I do not wish my name revealed to the recipient.

Designate the Recipient and agency if donation is being made to a family member in another Executive Branch Agency.

Relationship: _____
(Complete only if inter-agency transfer)

Donor Signature

Date

SUBMIT COMPLETED FORM TO: OFFICE OF HUMAN RESOURCES

FOR HUMAN RESOURCES USE ONLY

Date Received

Administrator Signature

Donor Number