



Human Resources

**James Madison University
Human Resources
Leave Sharing Recipient Application**

I wish to apply for leave share donated hours as indicated below.

Applicant Name: _____

Empl ID: _____

Purpose of Leave: _____

Estimated Length of Absence: _____

I give Human Resources permission to use my name on the Leave Share Request:

I understand:

- my rights as outlined in the Policy 4.35, Leave Sharing Program and agree to the procedures and
- that I must submit this completed form with medical documentation to Human Resources.

Applicant Signature: _____ Date: _____

Human Resources Use Only

Leave Specialist Signature: _____

Date received in HR: _____