

*COMMONWEALTH of VIRGINIA*

**Donor Form - Leave Sharing Program**

I wish to donate annual leave hours as indicated below. I understand that I cannot reclaim these donated annual leave hours after they have been processed to the recipient.

DONOR NAME: \_\_\_\_\_

ID #: \_\_\_\_\_

AGENCY NAME/NO.: \_\_\_\_\_

ANNUAL LEAVE HOURS DONATED: \_\_\_\_\_

RECIPIENT'S NAME OR CASE #: \_\_\_\_\_

RECIPIENT'S ID # (if known): \_\_\_\_\_

RECIPIENT'S AGENCY/NO.: \_\_\_\_\_

DONOR'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

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AGENCY LEAVE ADMINISTRATOR: \_\_\_\_\_

DATE RECEIVED: \_\_\_\_\_

DATE PROCESSED: \_\_\_\_\_

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**DO NOT** place in Employee's Personnel File  
Destroy in accordance with the Library of Virginia's Retention and Disposition Schedules