

Radford University

Recipient Application Leave Sharing Program

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

APPLICANT NAME: _____

SSN OR ID#: _____

DEPARTMENT: _____

PURPOSE OF LEAVE: _____

ESTIMATED LENGTH OF ABSENCE: _____

I understand (Check applicable box):

Classified

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

A/P Faculty

my rights as outlined in the A/P Faculty handbook & agree to the procedures. Additionally, I understand that I must submit this completed form with medical documentation to Human Resources.

APPLICANT'S SIGNATURE: _____ **DATE:** _____

AGENCY LEAVE ADMINISTRATOR: _____

DATE RECEIVED: _____

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