



**WILLIAM & MARY**  
CHARTERED 1693

**RECIPIENT APPLICATION LEAVE SHARING PROGRAM**

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

**EMPLOYEE NAME:** \_\_\_\_\_

**BANNER ID#:** \_\_\_\_\_

**AGENCY NAME/CODE:** \_\_\_\_\_

**PURPOSE OF LEAVE:** \_\_\_\_\_

**ESTIMATED LENGTH OF ABSENCE:** \_\_\_\_\_

Use Name:

I wish to remain anonymous:

I understand:

- my rights as outlined in the Leave Share Policy that can be found at [https://www.wm.edu/offices/hr/documents/benefits/ppf\\_leave\\_share\\_policy.pdf](https://www.wm.edu/offices/hr/documents/benefits/ppf_leave_share_policy.pdf)
- that I must submit this completed form with the FMLA documentation to Human Resources

**EMPLOYEES SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**BENEFITS SPECIALIST:** \_\_\_\_\_

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

