



Human Resources & Payroll  
4400 University Drive, MS 3C3, Fairfax, Virginia 22030  
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**LEAVE SHARING PROGRAM DONOR  
FORM**

As a benefit for our employees who may be in need of leave donations due to an approved Family Medical Leave (FMLA) which depletes their own leave balances, George Mason University maintains a leave sharing program. For Policy information please refer to state policy number 4.35 – Leave Sharing.

<b>G#</b>	<b>DONOR NAME</b>
<b>DEPARTMENT</b>	
<b>RECIPIENTS NAME (IF APPLICABLE)</b>	

<b>ANNUAL LEAVE HOURS DONATED (CLASSIFIED OR 12-MONTH FACULTY)</b>	_____ (must be in 8 hour increments)
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**TO BE COMPLETED ONLY IF DONATION IS BEING MADE TO A FAMILY MEMBER IN ANOTHER AGENCY**

<b>RECIPIENT'S NAME</b>	<b>RECIPIENT'S AGENCY</b>	<b>RELATIONSHIP</b>

<b>Approvals Required</b>	<b>Signature</b>	<b>Date</b>
<b>DONOR SIGNATURE</b>	          I wish to donate the number of hours of annual leave that I have indicated above. I understand that I <b>cannot</b> reclaim my donated leave and that annual leave is the only form of leave that can be donated	
<b>HR &amp; PAYROLL</b>		