



Human Resources & Payroll
4400 University Drive, MS 3C3, Fairfax, Virginia 22030
Phone: 703-993-2600; Fax: 703-993-2601

**Recipient Application Leave Sharing
Program**

Commonwealth of Virginia

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

Applicant Name: _____

Mason G# _____

Agency Name/No: George Mason University, #247

Purpose of Leave: _____

Estimated Length of Absence: _____

I understand:

- My rights as outlined in the policy 4.35, Leaving Sharing Program and agree to the procedures and,
- That I must submit this completed form with medical documentation to Human Resources & Payroll

Applicant's Signature: _____

Date: _____

Printed Name: _____

Agency Leave Administrator Signature

Printed Name: _____

Date Received: _____

