



**WILLIAM
& MARY**

CHARTERED 1693

**UNIVERSITY
HUMAN RESOURCES**

Leave Share Program Recipient Form

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

Name (Last, First): _____

Banner ID: _____

AGENCY: W&M VIMS

Purpose of Leave: _____

Estimated Length of Absence: _____

Use my name publicly:

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/uhr/_documents/policies/leave_share_policy.pdf
- that I must submit this completed form with the FMLA documentation to Human Resources

Employee's Signature: _____ Date: _____

Benefits Specialist: _____

Date Received: _____