



Human Resources

HR Only:
Donor #

**James Madison University
Human Resources
Leave Sharing Donor Form**

- Donation to recipients shall be in the form of Annual/Vacation leave only
- Donations shall be made in **8** hour increments
- Donors do not have to retain minimum balance of annual/vacation leave and there is not a maximum number of annual/vacation leave hours they may donate

Donor Name: _____ EmpID: _____

I wish to donate ____ annual leave hours to the individual listed below. I understand that I cannot reclaim these donated annual leave hours after they have been processed to the recipient, except as permitted by Department of Human Resources Management Policy [4.35](#).

Recipient's Name: _____

Department: _____

Recipient's Agency/#: James Madison University/216

Donor's Signature: _____

Please return the signed Leave Sharing Program Donor Form to Human Resources by email, fax, or intercampus mail.

Human Resources
MSC 7009
Fax: 568-7916
Email: benefits@jmu.edu

Human Resources Use Only

Date received in HR: _____

Date processed: _____