

**Clafin University**  
**Recipient Application - Leave Sharing Program**

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

APPLICANT NAME: \_\_\_\_\_

EMPLOYEE ID #: \_\_\_\_\_

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

\_\_\_\_\_

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

I understand:

- My rights as outlined in the Policy 200.31, Leave Sharing Program and agree to the procedures.
- I must submit this completed form with medical documentation to Human Resources.

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

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**OFFICE OF HUMAN RESOURCES USE ONLY**

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

DATE PROCESSED: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_