



REQUEST TO TRANSFER SHARED LEAVE

There are occurrences brought about by serious and prolonged medical conditions that cause employees to exhaust all available leave and therefore be placed on leave-without-pay. These medical conditions are likely to require an employee's absence from duty for a period of time resulting in loss of income due to lack of accumulated leave. Employees who want to assist their fellow co-workers may voluntarily donate their accrued vacation leave to provide assistance to an employee affected by a serious and prolonged medical condition or to an employee who has a spouse, child or parent with a serious and prolonged medical condition.

Name: _____

Employee No: _____

Department: _____

Current Vacation Leave Balance: _____

Amount of Vacation Leave to be Transferred. Must be a minimum of four hours and the maximum amount allowed to be donated is to be no more than the amount of the individual's annual accrual rate. The amount donated is not to reduce the donor's vacation leave balance below one-half of the annual vacation leave accrual rate: _____

Name of Recipient: _____

Employee No: _____

Department: _____

I authorize the transfer of leave as indicated above.

Employee	Date
_____ Department Head of donator	Approved _____ Disapproved _____
_____ Department Head of recipient	Approved _____ Disapproved _____
_____ Human Resources Director	Approved _____ Disapproved _____