

**REQUEST TO TRANSFER SHARED LEAVE**

There are occurrences brought about by medical conditions that cause employees to exhaust available leave and to therefore be placed on leave without pay. Employees who want to assist their fellow employees may voluntarily donate their accrued leave to provide assistance to a co-worker affected by a medical condition that is 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.

Name: \_\_\_\_\_

Employee No: \_\_\_\_\_

Department: \_\_\_\_\_

Current Sick Leave Balance: \_\_\_\_\_

Current Vac Leave Balance: \_\_\_\_\_

No. Sick Leave Hours to be transferred: \_\_\_\_\_

No. Vac. Leave Hours to be transferred: \_\_\_\_\_

Name of Recipient: \_\_\_\_\_

Employee No: \_\_\_\_\_

Department: \_\_\_\_\_

I authorize the transfer of leave as indicated above.

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