



### LEAVE TRANSFER FORM

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_ DATE : \_\_\_\_\_

POSITION: \_\_\_\_\_ DEPARTMENT: \_\_\_\_\_

MY LEAVE BALANCES			
	PTO	AUXILIARY PTO	SFMLA

MY DONATION			
	PTO	AUXILIARY PTO	SFMLA

I wish to donate \_\_\_\_\_ hours of leave, as noted in the manner above, to  
TOTAL AMOUNT  
 \_\_\_\_\_ who works in \_\_\_\_\_.  
RECIPIENT DEPARTMENT

I understand that donated hours **used by the recipient** are deducted from my leave balance by pay period(s) and will not exceed the amount I donate.

\_\_\_\_\_  
 EMPLOYEE SIGNATURE DATE

\_\_\_\_\_  
 RECEIVED BY HUMAN RESOURCES DATE APPROVED BY CLINIC DATE

NO EMPLOYEE SHOULD BE SOLICITED OR FEEL COERCED TO DONATE LEAVE. EMPLOYEES CAN VOLUNTARILY DONATE UP TO HALF THEIR PTO LEAVE BALANCE AND ANY AVAILABLE AUXILIARY PTO OR SFMLA LEAVE. AN EMPLOYEE CAN RECEIVE UP TO SIX (6) MONTHS OF DONATED LEAVE. DONATED LEAVE CANNOT BE USED IF AN EMPLOYEE IS RECEIVING ANY OTHER TYPE OF COMPENSATION, SUCH AS WORKER'S COMPENSATION, DISABILITY PAYMENTS, ETC. AND DONATED LEAVE IS NOT CONSIDERED TIME WORKED; EMPLOYEES WILL NOT ACCRUE LEAVE IN HIS/HER PTO ACCOUNT WHILE ON DONATED LEAVE. DONATED LEAVE MAY NOT BE APPLIED TO ANY PAY PERIODS PRIOR TO THE PAY PERIOD THE DONATED LEAVE WAS RECEIVED BY THE HUMAN RESOURCES DIVISION.