THE UNIVERSITY OF ARIZONA
HUMAN RESOURCES

COMPASSIONATE TRANSFER OF LEAVE CONTRIBUTION FORM

CONTRIBUTION INFORMATION (To be filled out by contributing employee)

1) Name: _____ _____ _____
Last First Middle

2) EID: _____

3) Employment Category (check one): Classified Staff ☐ Appointed Personnel ☐

4) Number of Vacation Hours that I wish to contribute: _____

4) Name of Recipient: _____ _____ **5) Recipient's Department:**
Last First

I understand that **I must have completed probation before I may contribute and have a minimum of 80 hours of vacation remaining after my contribution**. I understand that my contribution hours can not be returned after being processed and that the deduction will be displayed as used vacation hours on my next pay stub. I also understand that the contribution of hours is voluntary.

_____ _____
Contributing Employee Signature Date

PROCESSING INFORMATION (To be filled out by contributing employee's department representative)

Department Name: _____ Department Number: _____

Pay Period End Date at time of calculation: _____

Number of hours to be subtracted from contributor's vacation balance by Payroll	_____ Vacation Hours	x	$ _____ Hourly Rate		=	$ _____ Dollar Value Contributed	
For FSO Use Only	**Vacation**	**10**	**21 24**	**26**	**HOURS**	**32**	**33**
		HA	**5101**	| | | |	^	|	**-**

I have reviewed the employee's vacation balances and to the best of my knowledge, this employee has met eligibility requirements to contribute vacation time under the guidelines of the Compassionate Transfer of Leave Policy.* Submit completed form to department representative of employee requesting Compassionate Transfer Leave donations.

_____ _____ _____
Contributing Employee's Department Representative Date Phone

*Referenced Policies:
Arizona Board of Regents Policy #6-809
Classified Staff Personnel Policy and Procedure #201.1
University Handbook for Appointed Personal Policy and Procedure #8.02.04