

CHILD & FAMILY DEVELOPMENT PROGRAMS

Voluntary Personal Leave Transfer Request

I, _____, wish to volunteer _____ hours of my personal leave to _____. This donation will leave me with at least 40 hours of personal leave for my use.

I also understand that if this person does not need to use all of this leave time it will not be returned to me. Refer to CAT Personnel Policy 9.05

Staff Signature (Donor)

Date

Verified by Fiscal for Recipient:

DOH: _____ Reason for Leave: _____

Hours per Week Scheduled: _____

PL Balance: _____

Disability, W/C etc: _____

Verified by fiscal for Donor:

PL Balance: _____