



Compassionate transfer of leave request form

Form instructions and information:

1. Section 1 and 2 must be completed prior to submission.
2. Fax completed form to 480-993-0007.
3. View [list](#) of approved CTL recipients.

Section 1: To be completed by the employee

Name:	ASU 10-digit ID:
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I request vacation leave hours from: My unit My department The university community

I request the donation of other employees' vacation leave hours to be transferred to my sick leave balance. In accordance with the Compassionate Transfer of Leave Policy, I understand I must meet the following eligibility criteria:

- I have passed my initial probationary period.
- I have exhausted all forms of paid leave — vacation, sick, and compensatory — prior to receiving a donation.
- I have attached a doctor's statement which confirms that I am unable to perform all duties of my job or any available light duty work, as well as the anticipated duration of mine or my qualifying family member's disability or is at least 45 calendar days from my last day of work.
- The transfer of donated hours is subject to the availability of funds and the Department or College and Human Resources must approve my request prior to my receiving any donated hours.
- I must re-apply for CTL if my work status changes.
- Donated hours cannot be used in lieu of long-term disability benefits unless such a claim has been denied by the carrier.
- If I become eligible to receive long term disability benefits, I become ineligible to receive CTL.
- CTL will be coordinated with all applicable benefits including short term disability, long term disability, and workers compensation.
- I verify that I meet the eligibility requirements and understand that I **may not** solicit donations directly from individual employees.

Employee signature	Date
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Section 2: To be completed by the department

Approved

I approve the donation of other employees' vacation leave hours to be transferred to the recipient's leave balance. In accordance with the Compassionate Transfer of Leave Policy, I understand the following:

- Donated hours are charged to the CTL recipient's department.
- Transfers are not on an hour for hour basis but are calculated using a formula, which includes transferring employee's salary.
- To the best of my knowledge, the recipient has met all of the eligibility criteria to receive donation of hours under the compassionate transfer of leave policy.

Denied, reason:

Supervisor name:	Supervisor signature:	Date
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Budgetary approver name:	Budgetary approver signature:	Date
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Section 3: To be completed by OHR Benefits

Request	Approved	Denied	CTL begin date:	CTL end date:
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Benefit partner:	Date
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