Compassionate transfer of leave authorization to donate hours

FORM INSTRUCTIONS
• Section 1 must be completed prior to submission.
• Fax completed form to 480-993-0007.
• View the list of approved CTL recipients.
• Hours will be donated first to **recipient one**. If a recipient becomes ineligible or is no longer in need of CTL hours, the hours will be donated to the next recipient listed. If you would like to evenly distribute hours amongst several recipients, please complete separate forms and list each individual as **recipient one**.

Section 1: Donor to be complete

Name – please print:	ASU 10-digit ID:
Department:	Department code:

Number of vacation hours donated:

I request the donation of my vacation leave hours to be transferred to the recipient or recipients below. In accordance with the Compassionate Transfer of Leave Policy, I understand the following terms:
- This donation is voluntary.
- I must maintain a minimum balance of 80 hours after the leave accrual transfer.
- I must designate employee or employees as recipient or recipients of my donated hours.
- The recipient or recipients must have been approved to receive CTL prior to receiving donated vacation hours.
- Donated hours will be provided to the recipient as needed. There is no guarantee that transfer of donated hours will be processed immediately.
- If hours are not used by my designated recipient or recipients, the hours will be returned to my vacation balance.

Recipient 1

Name – please print:	ASU 10-digit ID:
Department:	Department code:

Recipient 2

Name – please print:	ASU 10-digit ID:
Department:	Department code:

Recipient 3

Name – please print:	ASU 10-digit ID:
Department:	Department code:

Donor authorization

I verify that in accordance with ASU policy, I voluntarily donate my vacation leave hours to the recipient or recipients leave balance.

Donor's signature	Date

Section 2: OHR Benefits to complete

Donor vacation balance:

CTL donation plan effective:

Form submitted to payroll on:

Benefit Partner:	Date