



REQUEST TO DONATE COMPASSIONATE TRANSFER OF LEAVE

Vacation hours transferred from:

_____	_____
Contributor name (printed)	ASU I.D. Number
_____	_____
# of vacation hours to be credited	Hours remaining after transfer (minimum of 80)

To be credited to sick leave balance of:

_____	_____
Recipient name (printed)	ASU I.D. number
_____	_____
Recipient's Department	Mail Code

In accordance with the policy and procedures for compassionate Transfer of Leave (SPP 702-04), I request my accrued vacation leave hours be transferred to another employee's sick leave balance as indicated above.

_____	_____
Contributor's Signature	Date

Send original to ASU West Human Resources, FAB ANNEX, Mail Code 2051