

CONTRIBUTION INFORMATION (To be filled out by contributing employee)

1) Name: _____
Last First Middle

2) EmplID: _____

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 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	_____ x \$ _____ = \$ _____					
	Vacation Hours		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