



COMPASSIONATE TRANSFER OF LEAVE

Request to Forfeit Vacation Hours

I, _____ (*full name*) understand that according to ABOR policy 6-803, I am not permitted to carry forward any accrued vacation hours that exceed the amount I would earn in 1.5 years. At the end of the calendar year, all vacation hours that exceed the limits shown below must either be forfeited or voluntarily donated for use as Compassionate Transfer of Leave (CTL). CTL is provided to employees who are unable to work due to catastrophic illness or injury to themselves or their family members.

By signing this form, I certify that I wish to forfeit my excess vacation hours, and I do not wish them to be available for use by an employee requesting CTL.

Employee Signature

Date

CLASSIFIED STAFF	Maximum Vacation Hours That May Be Carried Forward Each Calendar	
	1.0 FTE *	Other FTE *
Length of Service		
First 2 years of continuous service (accrual rate = 3.38 per pay period)	1	132 x FTE
3rd and 4th years of continuous service (accrual rate = 4.92 per pay period)	1	192 x FTE
5th year and thereafter of continuous service (accrual rate = 6.77 per pay period)	2	264 FTE

*Fiscal-year employment. For academic-year employment, multiply the per-pay-period accrual rate by 20, then multiply by FTE if less than 1.0.

APPOINTED PERSONNEL	Maximum Vacation Hours That May Be Carried Forward Each Calendar Year	
	1.0 FTE	Other FTE
Appointment		
Fiscal (accrual rate = 6.77 for 26 pay periods)	2	264 x FTE
Academic (accrual rate = 6.77 for 20 pay periods)	2	203 x FTE