

# Northern Arizona University

## Compassionate Transfer of Leave Form

The purpose of the Compassionate Transfer of Leave benefits is to provide eligible employees with additional paid leave for a specific period of time due to catastrophic illness or injury. Employees eligible to participate in this transfer of leave are regular, classified, professional and administrative employees who accrue vacation. A contributor must retain a minimum balance of 80 vacation hours after the leave transfer.

**Vacation Hours Transferred From:**

\_\_\_\_\_  
Contributor's Name

\_\_\_\_\_  
NAU ID #

\_\_\_\_\_  
# Of Vacation Hours To Be Transferred

**To Be Credited To The Sick Leave Balance Of:**

\_\_\_\_\_  
Recipient Name

In accordance with the policy and procedures for compassionate transfer of leave, the undersigned requests that a transfer of vacation hours from the Contributor to the Recipient take place. The payment of donated hours is charged to the department area/org of the recipient.

\_\_\_\_\_  
Recipient's Department Head (please print)

\_\_\_\_\_  
Contributor's Signature and Date

\_\_\_\_\_  
Recipient's Department Head Signature and Date

**HUMAN RESOURCES USE ONLY**

Date of Transfer: \_\_\_\_\_ Vacation Adjustment \_\_\_\_\_ Email to Contributor \_\_\_\_\_

Comments: \_\_\_\_\_ By: Signature: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_

**Contributor:**

\_\_\_\_\_ X \$ \_\_\_\_\_ = \$ \_\_\_\_\_  
# Of vacation hours to be transferred Contributor's hourly wage Value of hours transferred

**Recipient:**

\$ \_\_\_\_\_ divided by \$ \_\_\_\_\_ = \_\_\_\_\_  
Value of hours transferred Recipient's hourly wage Hours Credited