



NORTHERN ARIZONA UNIVERSITY

NORTHERN ARIZONA UNIVERSITY REQUEST FOR COMPASSIONATE TRANSFER OF LEAVE

The purpose of the Compassionate Transfer of Leave (CTL) benefit is to provide eligible employees with additional paid leave for a specific period of time due to catastrophic illness or injury. For more information on CTL, please refer to [Policy 4.09](#).

To request a Compassionate Transfer of Leave, an employee must complete this form and obtain the appropriate signatures from his/her department. The completed form should be forwarded to Human Resources for final review and approval. A Certification of Health Care Provider Form must be attached which confirms catastrophic illness or injury and gives an estimated length of time due to catastrophic illness or injury.

Employee Name: _____
(please print)

Employee Signature: _____ Date: _____

Department's Acknowledgement: _____

Supervisor Signature: _____

Department Head Signature: _____

HUMAN RESOURCES USE ONLY	
Signature _____	Recommendation:
	Approve:
	Deny:
Title _____	
Date _____	
Comments: _____	

