



### Voluntary Leave Transfer Program – Application to Donate Annual or Universal Leave

#### To Be Completed By the Employee

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

Employee ID Number: \_\_\_\_\_

Position Title: \_\_\_\_\_

Department or School: \_\_\_\_\_

I hereby make an application to donate \_\_\_\_\_ hours of annual or universal leave to the Voluntary Leave Transfer Program (VLTP). **Note: ET-15 Employees do not accrue annual or universal leave and are not eligible to participate in the VLTP.**

I request that my donation be transferred to the account of: \_\_\_\_\_

I understand that I cannot donate more than half of the annual leave I am entitled to accrue this leave year.

I understand that I may contribute Restored Annual Leave without Limitation.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### Timekeeper Certification

Employment information is correct: YES  NO

Annual or universal leave donation for the leave year does not total more than one-half of the amount of annual leave that the employee would be entitled to accrue during the leave year: YES  NO

Annual or universal leave donation is restored leave: YES  NO

Timekeeper Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

#### Human Resources Authorization

Date Application Received: \_\_\_\_\_

Recommend that the application be: APPROVED  NOT APPROVED

Reviewing Official Name \_\_\_\_\_ Title \_\_\_\_\_

Reviewing Official Signature \_\_\_\_\_ Date \_\_\_\_\_

Deputy Chief HR Signature \_\_\_\_\_ Date \_\_\_\_\_

**TOTAL NUMBER OF LEAVE HOURS APPROVED:** \_\_\_\_\_