



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: _____