

CONTRIBUTION INFORMATION (To be filled out by contributing employee)

1) Name: _____
Last First Middle

2) EmplID: _____

3) Employment Category (check one): Classified Staff Appointed Personnel

4) Number of Vacation Hours that I wish to contribute: _____

4) Name of Recipient: _____ 5) Recipient's Department:
Last First

I understand that my contribution hours can not be returned after being processed and that the deduction will be displayed as used vacation hours on my next pay stub. I also understand that the contribution of hours is voluntary.

 Contributing Employee Signature Date

PROCESSING INFORMATION (To be filled out by contributing employee's department representative)

Department Name: _____ Department Number: _____

Pay Period End Date at time of calculation: _____

| | | | | | | | | |
|---|-------------------------------|-----------|----------------------------|-----------|---|-----------|-----------|-----------|
| Number of hours to be subtracted from contributor's vacation balance by Payroll | _____ | x | \$ _____ | = | \$ _____ | | | |
| | <small>Vacation Hours</small> | | <small>Hourly Rate</small> | | <small>Dollar Value Contributed</small> | | | |
| For FSO Use Only | Vacation | 10 | 21 24 | 26 | HOURS | 32 | 33 | 33 |
| | | HA | 5101 | | ^ | | | - |

I have reviewed the employee's vacation balances and to the best of my knowledge, this employee has met eligibility requirements to contribute vacation time under the guidelines of the Compassionate Transfer of Leave Policy.* Submit completed form to department representative of employee requesting Compassionate Transfer Leave donations.

 Contributing Employee's Department Representative Date Phone

*Referenced Policies:
 Arizona Board of Regents Policy #6-809
 Classified Staff Personnel Policy and Procedure #201.1
 University Handbook for Appointed Personal Policy and Procedure #8.02.04