

Leave Transfer

To Transfer Leave Within Department

DONATING EMPLOYEE INFORMATION				
Name:			Employee Number:	
Department:			Department Number:	
LEAVE TO BE TRANSFER				
Annual Leave:		Sick Leave	:	
h	nours			hours
RECEIVING EMPLOYEE INFORMATION				
Name:				
Donating Employee Signature:			Date:	
TO BE COMPLETED BY DEPARTMENT HEAD				
Reason for Request:				
Reason for Request.				
Department Head Signature:			Date:	