



# Leave Transfer

To Transfer Leave Within Department

## DONATING EMPLOYEE INFORMATION

<b>Name:</b>	<b>Employee Number:</b>
<b>Department:</b>	<b>Department Number:</b>

## LEAVE TO BE TRANSFER

<b>Annual Leave:</b>  hours	<b>Sick Leave:</b>  hours
-----------------------------------	---------------------------------

## RECEIVING EMPLOYEE INFORMATION

<b>Name:</b>
--------------

**Donating Employee Signature:**

**Date:**

## TO BE COMPLETED BY DEPARTMENT HEAD

<b>Reason for Request:</b>
----------------------------

**Department Head Signature:**

**Date:**