

### ANNUAL LEAVE DONATION DIRECT TRANSFER FORM

NOTE: THIS FORM IS FOR USE BY ALL BARGAINING UNITS WHERE THE COLLECTIVE BARGAINING AGREEMENT AUTHORIZES DIRECT TRANSFER OF ANNUAL LEAVE.

**A. TO BE COMPLETED BY EMPLOYEE (A) DONATING ANNUAL LEAVE (Please print)**

Name \_\_\_\_\_ Employee I.D. \_\_\_\_\_

Department \_\_\_\_\_ Division \_\_\_\_\_ Section \_\_\_\_\_

Classification/Level \_\_\_\_\_

Check One:  a member of \_\_\_\_\_ bargaining unit  
 a managerial, supervisory, confidential or non-exclusively represented employee

I hereby agree to voluntarily transfer \_\_\_\_\_ hours of my accumulated annual leave (must be in whole hour increments) to: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**B. TO BE COMPLETED BY EMPLOYEE (B) RECEIVING ANNUAL LEAVE HOURS (Please print)**

Name \_\_\_\_\_ Bargaining Unit: \_\_\_\_\_

Employee I.D. \_\_\_\_\_ Division \_\_\_\_\_

Classification/Level \_\_\_\_\_ Work phone (\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**C. TO BE COMPLETED BY APPOINTING AUTHORITY (Please print)**

I hereby certify that this employee has satisfactorily completed the probationary period required to receive this donation, has exhausted all available leave credits, no long-term disability or Worker's Compensation will be paid during this time, and the absence would otherwise be approved.

Department Annual Leave Adjustment:

Annual leave hours prior to transfer – Employee A \_\_\_\_\_ Employee B \_\_\_\_\_

Annual leave hours after transfer – Employee A \_\_\_\_\_ Employee B \_\_\_\_\_

Completed by: \_\_\_\_\_

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

\_\_\_\_\_  
Appointing Authority Signature

\_\_\_\_\_  
Date

**D. TO BE COMPLETED BY OFFICE OF THE STATE EMPLOYER/UNION,  
WHERE REQUIRED BY A COLLECTIVE BARGAINING AGREEMENT**

\_\_\_\_\_  
Office of the State Employer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Union Representative

\_\_\_\_\_  
Date