



AUTHORIZATION TO TRANSFER ANNUAL LEAVE

I, the undersigned, authorize the transfer of annual leave to the below named employee/family member.

EMPLOYEE TRANSFERRING LEAVE: _____
Name Department

EMPLOYEE RECEIVING LEAVE: _____
Name Department

AMOUNT OF ANNUAL LEAVE BEING TRANSFERRED: _____ HOURS (HRS)

Employee Transferring Employee Signature Date

Employee Receiving Leave Balances Prior to Transfer HRS

***** Leave will only be transferred to the employee if the employee has already exhausted all available leave first. Please verify with Payroll first that all leave has been exhausted.*****

ADMINISTRATION

A) Manager (Of Employee Transferring Leave) A) Manager's Signature Date

B) Manager (Of Employee Receiving Leave) B) Manager's Signature Date

General Manager Signature Date

FINANCE

(The amount of hours/days donated, will be in accordance with the donors rate of pay)

Employee Transferring Leave: Employee Receiving Leave:
Total HRS transferred: _____
Rate of Pay: _____ (x) _____ HRS = _____ Amount: _____ (÷) Rate: _____ = _____

Payroll Coordinator Name Payroll Coordinator Signature Date