



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

Employee Transferring Employee Signature Date

Employee Receiving Leave Balances Prior to Transfer HOURS

***** 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

Manager's Name (of Employee Transferring Leave) A) Manager's Signature Date

Manager's Name (of Employee Receiving Leave) B) Manager's Signature Date

C) QML Coordinator's Signature Date

D) Managing Director's Signature Date

FINANCE

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

Employee Transferring Leave: Employee Receiving Leave:

Total hours transferred: _____

Rate of Pay: _____ (x) _____ Hours = _____ Amount: _____ (÷) Rate: _____ = _____

Payroll Manager Name Payroll Manager Signature Date