

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: _____ DEPT. _____

EMPLOYEE RECEIVING LEAVE NAME: _____ DEPT. _____

ANNUAL LEAVE: _____ HOURS

Signed:

Employee Signature

Date

Employee receiving Leave Balances Prior to transfer: _____

*****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

Managers of Employee Transferring Leave Signature

Date

Managers of Employee Receiving Leave Signature

Date

General Manager Signature

Date

.....

FINANCE

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

Rate (X) HRS = _____
Employee Transferring Leave

Amount (/) _____
Employee Receiving Leave

Rate = _____
Total HRS transferred

Payroll Coordinator Signature

Date