

AUTHORIZATION TO CONTRIBUTE LEAVE

As per Title 7 Benefits & Compensation Chapter D (5) of the Policy and Procedures Manual, I desire to contribute the amount of vacation leave as stated below to _____.

I understand the amount of vacation leave will reduce the balance of hours of leave that will be available to me. I understand that I am allowed to contribute any amount of vacation leave of my choosing as long as I do not draw my leave bank below 40 hours.

Employee Name	Fund Number	Hourly Rate	Hours Contributed	Hours Transferred	Employee Signature

Amount of Annual Leave to be Contributed: _____

 Department Head/Supervisor Signature

Commission Approval: (2 signatures required)

 Commission Signature

 Commission Signature

 HR Signature