

# STETSON UNIVERSITY

## Compassionate Transfer of Leave Donor Form

*Staff members must retain a minimum balance of 75 vacation hours after the transfer of leave.  
See attached policy for additional details.*

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

Stetson ID: \_\_\_\_\_

Employee Name: \_\_\_\_\_

Number of Vacation Hours to be Transferred to CTL Pool (*in 1-hour increments*): \_\_\_\_\_

\_\_\_\_\_  
Donor's Signature

\_\_\_\_\_  
Date

### **HR/Payroll Use Only**

Date of Transfer \_\_\_\_\_

Vacation Adjustment \_\_\_\_\_

**NOTE:** The Transferring staff member must retain a minimum balance of 75 vacation hours after the transfer of leave hours.

\_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_  
# of vacation hours to be donated      X      Contributor's hourly wage      =      Value of hours transferred