

STETSON UNIVERSITY

Compassionate Transfer of Leave Donor Form

Staff members must retain a minimum balance of 75 vacation hours (or sick hours, if eligible) after the transfer of leave.
See attached policy for additional details.

Date: _____

Stetson ID: _____

Employee Name: _____

Location: Gulfport DeLand Celebration

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

* Number of Sick Hours to be Transferred to CTL Pool (in 1-hour increments): _____

* Sick time may be donated by staff members who have a minimum of 20 years of service with the University and are eligible for a payout of net accrued and unused sick time upon their separation from the University.

Donor's Signature

Date

Human Resources

Date

HR/Payroll Use Only

Date of Transfer _____

Vacation/Sick Adjustment _____

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

\$ _____

\$ _____

of vacation/sick hours to be donated X Contributor's hourly wage = Value of hours transferred