

# ARIZONA STATE UNIVERSITY

## REQUEST FOR DONATED HOURS COMPASSIONATE TRANSFER OF LEAVE POLICY

Regular Classified, Service Professional, Administrative employees, Faculty, and Academic Professionals are eligible for Compassionate Transfer of Leave pending approval from Human Resources and the Department/College subject to the availability of funds and provided that the requesting employee meets the following conditions.

To initiate a request for compassionate transfer of leave, complete the Compassionate Transfer of Leave Request Memo along with the information below:

### Leave Transfer REQUESTED BY:

<b>Name of Employee Requesting Hours:</b> (please print)	<b>ASU I.D. Number:</b>
<b>Department:</b>	<b>Department Code:</b>
<b>In order for an employee to receive hours, all of the following conditions must be met:</b>	
<ul style="list-style-type: none"> <li>The employee or member of the immediate family illness or injury is confirmed in writing by a physician chosen by the employee, subject to reconfirmation by a physician chosen by the university, that the illness/injury of the employee or member of the immediate family of the employee is catastrophic.</li> <li>The employee or member of the immediate family is unable to perform the essential functions of his or her job held at the time of illness or injury and the anticipated duration of the illness or injury is at least 45 days.</li> </ul>	<ul style="list-style-type: none"> <li>The employee has passed their initial probationary period.</li> <li>The employee has exhausted all forms of paid leave (e.g., vacation, sick leave, compensatory time).</li> <li>The employee understands if the situation changes they will need to re-apply. i.e. (return to work part-time.)</li> </ul>

In accordance with the Compassionate Transfer of Leave policy SPP 702-04 or ACD 704-03, I request the donation of other employees' vacation leave hours to be transferred to my sick leave balance. I understand that the Department/College and Human Resources must approve my request prior to the receipt of any hours that have been donated and that I must meet the above conditions. I understand that hours may not be solicited directly by me from individual employees and that the solicitation will be general in nature and not to divulge any personal information.

Please solicit vacation leave hours from my (choose all that apply):

- Unit**
- Department**
- University Community - by contacting Classified Staff Council @ 480-727-8233**

\_\_\_\_\_  
Requesting Employee's Signature

\_\_\_\_\_  
Date

<b>Supervisor:</b>	<b>Budgetary Approval:</b>
_____ Supervisor's Signature	_____ Signature (VP, Dean, or Designee)
_____ Date	_____ Date

1. Submit request form to immediate supervisor. In circumstances where the employee is unable to complete the form, the employee's supervisor may complete and submit on behalf of the employee with the employee's approval.
2. Supervisor signs and receives Department/College budgetary approval.
3. The employee's supervisor completes the Compassionate Transfer of Leave Request Memo and submits it along with the required paperwork.
4. Submit form along with the necessary paperwork to:
  - Tempe & Polytechnic employees: HR Leaves & Disability Management at **FAX 480-993-0007**
  - West & Downtown employees: Human Resources, FAB Annex Building, Mail Code 2051
5. Maintain copies for the employee's confidential file.