



SUPERVISOR'S MEMO FOR COMPASSIONATE TRANSFER OF LEAVE

FAX TO 480.993.0007

From: _____

cc: _____
VP, Dean or Business Manager

Financial Services Payroll Liaison

Date: _____

Re: _____
Name of Employee

Please accept this request to begin the process for Compassionate Transfer of Leave for the above-referenced employee.

- Attached is the authorized Request for Donated Hours form
- I verify that I have discussed this request with _____ (a VP, Dean, or Business Manager in the department), who is authorized to make budget decisions, and that I have received his/her approval to request Compassionate Transfer of Leave for this employee.
- I understand that the Compassionate Transfer of Leave process may require payroll adjustments. The Payroll Liaison for our department is: _____.
- Attached is the medical documentation confirming that the employee is unable to perform work duties for at least 45 days.

NOTE: SEND MEDICAL DOCUMENTATION TO OHR ONLY.

- The employee understands he/she is required to reapply if the work status changes and CTL is requested a second time.
- Employee's anticipated return date is: _____.

FAX TO DISABILITY & LEAVES PROGRAM MANAGEMENT UNIT

- This memo
- Request for Donated Hours
- Copy of medical documentation