

Roman Catholic Diocese of Lexington

Form to Authorize Transfer of Leave to Another Employee
MEDICAL EMERGENCY ONLY

Name of Employee Transferring Leave _____

Name of Employee Receiving Leave _____

Number of Sick Days Currently Available to the Transferring Employee _____

Number of Sick Days Requested to Transfer _____ Maximum of 10 days per event

If the transfer is approved, the order of transfer of sick days to the recipient employee will be based on the date and time of the authorization forms (this form) submitted unless the form is completed, signed and dated but not submitted to the payroll office timely and is therefore not available in a chronological manner. The payroll office will be dating and timing receipt of the forms so when it is time to transfer leave it will be based first on the date and time of this form and second on the date received in the payroll office. Each amount of days to transfer per form will be exhausted before the next authorized transfer is started. That is why the date and time on this form and the date and time submitted are so important. This decides, based on the time and date, which transferring employees' days will be used first. Transferred leave received by the recipient employee will be taken immediately from the transferring employee's available days and will not be available for use any longer by the transferring employee. If for some reason the recipient employee does not receive the days the transferring employee's sick days will not be taken and those days will still be available to the transferring employee.

I have read and understand the above and agree to the outlined conditions. I am requesting to transfer leave from my available leave to the employee specified above effective immediately.

Signature of Transferring Employee _____

Date _____ Time of Day _____