

Roman Catholic Diocese of Lexington

Form to Request Transfer of Leave
MEDICAL EMERGENCY ONLY

Location making the request _____

Signature of Pastor _____ Date _____

Signature of Principal _____ Date _____

(Signature of Pastor and Principal required if the requesting entity is a school)

Name of Employee to Receive Transferred Leave _____

Rate of Pay of Receiving Employee _____ (salary or per hour, as applicable)

Signature of Diocesan Payroll Manager verifying receipt of proof that adequate records
and balances are maintained for the applying location-

_____ Date _____

This form is the master authorization form from the location that is requesting transferred leave on an employee's behalf. Individual employees wanting to transfer leave to the recipient employee need to complete, sign and date the Form to Authorize Transfer of Personal Leave.