



HO-CHUNK NATION

REQUEST TO TRANSFER ANNUAL/SICK LEAVE TIME

Employee RECEIVING Leave Hours

To receive annual and/or sick leave hours, the following criteria must be met:

- Have forty (40) or less hours of combined annual and sick accrued leave hours;
- Can not be receiving any other type of pay (i.e. Short Term Disability, Worker's Compensation, etc.); and
- Receive supervisor approval.

Employee #

Employee Name

Supervisor Approval

Supervisor Denial

Supervisor Signature

Date

Employee DONATING Leave Hours

To donate your annual and/or sick leave hours, the following criteria must be met:

- Complete this form, which executes a voluntary option of consent with signature and a specific amount of hours donated/transferred;
- Maintain a minimum balance of 24 hours in your respective leave account; and
- Receive supervisor approval.

Employee #

Employee Name

Total number of ANNUAL LEAVE hours donating: _____

Total number of SICK LEAVE hours donating: _____

I fully understand that I am not required to donate my annual and/or sick leave hours, but I choose to do so on a voluntary basis. I further understand that once these annual and/or sick leave hours have been transferred, I can not recover them under any circumstances or by any means.

Employee Signature

Date

Supervisor Approval

Supervisor Denial

Supervisor Signature

Date

OFFICE USE ONLY:

Receiving Employee Leave Balances: Annual: _____ Sick: _____

Donating Employee Leave Balances: Annual: _____ Sick: _____

Is the employee receiving any other type of pay (i.e. STD, WC, etc.)? Yes No

Request Granted: Yes No Completed on: _____