

**SPOUSAL LEAVE  
REQUEST  
FOR TRANSFER**

**DATE OF REQUEST** \_\_\_\_\_

**DONATING EMPLOYEE NAME** \_\_\_\_\_ **SS#** \_\_\_\_\_

**DONATING EMPLOYEE POSITION** \_\_\_\_\_ **NORMAL HRS PER DAY** \_\_\_\_\_

**RECEIVING EMPLOYEE NAME** \_\_\_\_\_ **SS#** \_\_\_\_\_

**RECEIVING EMPLOYEE POSITION** \_\_\_\_\_ **NORMAL HRS PER DAY** \_\_\_\_\_

**I AUTHORIZE A TOTAL OF \_\_\_\_\_ DAYS OF TRANSFER BY THE HCBOE PER THIS REQUEST**

**(I understand that I may transfer only 10 days lifetime maximum and my spouse must have exhausted all leave before the days can be transferred. In addition, this leave transfer cannot be used in conjunction with sick leave bank or short term disability. I also understand that in transferring this leave, any unused balance transferred will stay with the recipient.)**

**DONATING EMPLOYEE SIGNATURE** \_\_\_\_\_

**DATE** \_\_\_\_\_

**INTEROFFICE USE ONLY:**

**Days transferred per this request** \_\_\_\_\_ **Date processed** \_\_\_\_\_

**Prior days transferred** \_\_\_\_\_ **Payroll Cutoff Pd** \_\_\_\_\_

**Leave available to transfer** \_\_\_\_\_

**\*\*\*\*\*PLEASE FORWARD ALL COMPLETED FORMS TO CATHY SOLOMON, LOCATION 8004.**