



California State University, Northridge

To: A.S. Accounting Office

Date \_\_\_\_\_

Subject: **Donation of Leave Credits**

Please debit my leave accrual balance in the following amounts:

\_\_\_\_\_ Sick Leave Hours  
and/or

\_\_\_\_\_ Vacation Leave Hours

**Name of recipient employee** (please Print):

\_\_\_\_\_

I understand that once the leave is transferred I cannot retrieve it. I also understand that I can donate only up to 16 hours plus ten percent of any remaining leave per recipient.

\_\_\_\_\_  
Donor's Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Donor's Signature

\_\_\_\_\_  
A.S. General Manager's Approval

**A.S. Accounting Department Use Only**

Date Request Received: \_\_\_\_\_

Date Leave Transferred: \_\_\_\_\_

Date Donor Notified of Transfer: \_\_\_\_\_