

STETSON UNIVERSITY

Request for Compassionate Transfer of Leave

Staff members may utilize a maximum of 20 transferred leave days in a 12-month rolling period after approval. See attached policy for additional details.

Date: _____

Stetson ID: _____

Employee Name: _____

Location: Gulfport DeLand

Department and Supervisor's Name: _____

Recipient's Signature

Date

Human Resources

Date

HR/Payroll Use Only

Continuously employed by the University in benefit-eligible position for at least one year? YES NO

Medical documentation received? YES NO

Number of CTL hours eligible _____
Recipients Hourly Wage X Hours Requested = Total Withdrawn