



Human Resources Department

SAN LUIS OBISPO COUNTY

Tami Douglas-Schatz,
Director

County Government Center, 1055 Monterey Street • Ste. D-250, San Luis Obispo, CA 93408-2110
Human Resources Department • Telephone 805.781.5959 • Fax 805.781.1044 • Email hr@co.slo.ca.us

LEAVE TRANSFER REQUEST FORM

I wish to assist a fellow employee who is experiencing a catastrophic illness/injury to himself/herself, spouse or dependent minor child.

I hereby authorize the Auditor-Controller to transfer _____ vacation hours (8 hours min) from my accrued balance to _____.
(Employee name)

I WILL HAVE 80 OR MORE VACATION HOURS REMAINING AFTER THIS TRANSFER.

I understand that if more than 480 hours are donated to this employee, this transfer will not be processed, unless he/she has a need for additional hours.

I understand this is a confidential transaction between me and the person to whom I am donating these hours.

*NOTE: Employees receiving SDI (State Disability Insurance) benefits are **not** eligible for Catastrophic Leave. For this reason some employees elect not to use their SDI benefits and instead apply for Catastrophic Leave.*

Print Your Name: _____

Personnel No: _____ Department: _____

Signature: _____ Date: _____

Please forward this to Risk Management. Thank you.