

THE UNIVERSITY OF ARIZONA
REQUEST FORM
COMPASSIONATE TRANSFER OF LEAVE

(To be filled out by ill or injured employee or representative if employee is incapacitated.)

Name: _____
Last First Middle

EID: _____

Employment Category (Check one): Classified Staff Appointed Personnel

I request that I be allowed to receive any compassionate transfer of leave contributions designated for me. According to the Compassionate Transfer of Leave Policy*, I understand that in order to receive such contributions, I must:

Initial here

- ___ 1. attach a doctor's statement that confirms
 - a) I am unable to perform all duties of my job or any available light duty work, and
 - b) the anticipated duration of my disability is at least 45 calendar days from my last day of work.
- ___ 2. have exhausted all forms of my paid leave (e.g. vacation, sick leave, and compensatory time) prior to the leave transfer.
- ___ 3. have passed my initial probation period.
- ___ 4. I am not eligible to receive long term disability benefits or workers compensation benefits. If I become eligible to receive such benefits, I will no longer be eligible to receive compassionate transfer of leave; and
- ___ 5. have applied for short term disability benefits, if I am a participant in a short term disability plan. I understand that compassionate transfer of leave contributions may be used to supplement short term disability payments up to (but not to exceed) my regular rate of pay.
- ___ 6. eligible to accrue vacation hours.
- ___ 7. contributions can not exceed the anticipated period of disability. In the event that I should return to work early, I understand that I will be responsible for any overpayment of contributions received.

Employee Signature

Date

___ I have reviewed the records outlined from 1-6 and have coordinated with the employee's supervisor and to the best of my knowledge, this employee has met the above eligibility requirements to receive contributions under the guidelines of the Compassionate Transfer of Leave Policy.*

Payroll Representative

Date

*Referenced Policies:

- Arizona Board of Regents Policy #6-809
- Classified Staff Personnel Policy and Procedure #201.1
- University Handbook for Appointed Personal Policy and Procedure #8.02.04