UNIVERSITY OF NORTHERN COLORADO

DIRECT TRANSFER PROGRAM

Annual Leave Direct Transfer Contribution Record

Please type or print legibly in ink.

Name _____ _____
Last First

ID Number _____

Contract Professional Exempt Staff Title _____

Classified Title _____

Department _____

Work Phone _____

Work Address _____

Full Time _____ Part Time _____ % Time _____

Number of days _____ donated to _____
Announcement # or Name

I wish my donation to be kept confidential _____ Yes _____ No

I understand that my contribution is voluntary and that my annual leave balance will be decreased by the amount contributed. I certify that my contribution will not result in a negative leave balance.

_____ _____
Signature Date

FOR HRS/PAYROLL DEPARTMENT USE:

The above named employee's annual leave balance has been reduced by _____days of annual leave.

_____ _____
Signature Date