

ARIZONA DEPARTMENT OF CORRECTIONS

Contributor's Voluntary Request to Contribute Annual Leave

Contributor Name <i>(Last, First M.I.)</i>	Employee Identification Number
Division/Bureau/Unit	Work Telephone ()
Job Title	Grade

Recipient Name <i>(Last, First M.I.)</i>	Employee Identification Number
Division/Bureau/Unit	Work Telephone ()
Job Title	Grade

Number of Annual Leave Hours you wish to have transferred from your balance.	
Contributing Employee's Signature	Date

For Central Office Payroll Use only

<input type="checkbox"/> Number of Hours Transferred _____	Date of Transfer
<input type="checkbox"/> Unused Hours Returned to Contributor's Account _____	Date Returned
<input type="checkbox"/> The Contributor's annual leave balance is insufficient for the requested contribution.	
<input type="checkbox"/> The maximum hours to be received per agreement dated _____ has been reached.	
Additional Information/Comments	
Central Office Payroll Supervisor/Designee Signature	Date