



Sisseton Wahpeton College

Quality Education for the Glacial Lakes since 1979

Old Agency Box 689, Sisseton South Dakota 57262-0689
Phone (605) 698-3966 Fax (605) 698-3132

Leave Transfer Request

Employee Name (Donor): _____

Type and Amount of Leave to be Transferred:

Annual Leave: _____

Number of Hours: _____

Sick Leave: _____

Number of Hours: _____

Name of Employee Who Will Receive the Above Leave: _____

Reason for Transfer: _____

Agreement

The purpose of this Leave Transfer Request is to donate hours to the employee listed above. I fully understand that these hours will not be returned to me for my use. I release Sisseton Wahpeton College from any liability related to this transfer of benefits.

Employee Signature: _____ Date: _____

Approved: Denied:

Supervisor Signature: _____ Date: _____

Approved: Denied:

Human Resource Signature: _____ Date: _____

Business Office

Please attach a copy of this request to the time sheet of the Donor
and the employee receiving the leave hours.

The original must be filed in the official personnel file.