ARIZONA DEPARTMENT OF CORRECTIONS

Contributor's Voluntary Request to Contribute Annual Leave

Contributor Name (Last, First M.I.)	Employee Identification Number
Division/Bureau/Unit	Work Telephone ()
Job Title	Grade
Recipient Name (Last, First M.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
Number of Hours Transferred	Date of Transfer
Unused Hours Returned to Contributor's Account	Date Returned
The Contributor's annual leave balance is insufficient for the requested contribution.	
The maximum hours to be received per agreement dated	has been reached.
Additional Information/Comments	
Central Office Payroll Supervisor/Designee Signature	Date