



USC System Leave Transfer Pool Request for Leave Transfer

Instructions			
Employees should complete the top portion of this form and submit it to their department head for approval. Once approved by the department, the form should be submitted to the Human Resources' Benefits Office.			
Employee Information			
Name (Last, First, Middle):			
Faculty	Staff		
SSN:	Department Name:	Department Number:	
Campus:	Department Phone Number:	Home Phone Number:	
Home Address:	City:	State:	Zip Code:
I am schedule to work _____ hours a day, _____ days a week, _____ months a year.			
Leave Request			
I request _____ hours of _____ sick _____ annual leave from the university system Leave Transfer Pool.			
Reason for Request (<i>give details; illness, injury or personal</i>):			
Leave History			
Please Explain Why You Do Not Have Sufficient Leave to Cover this Request:			
Employee Signature			
I have read the information on the reverse side of this form and I understand that if my request for leave is approved, I am subject to the terms of the university system Leave Transfer Pool and any unused leave will be returned to the program. I understand that I must also comply with all other university policies regarding leave with or without pay.			
Employee Signature:			Date:
To Be Completed by Department			
The department _____ recommends _____ does not recommend approval of this request.			
Comments:			
Authorized Signature:			Date:
To Be Completed by Human Resources			
Class/Slot:	Hourly Rate:	Approved _____ Disapproved _____	
Reason/Comment:			
Human Resources Signature:			Date:

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Guidelines

1. For purposes of this policy, a personal emergency is defined as a medical or family emergency or other hardship situation that is likely to require a faculty or staff member's absence from duty for a prolonged period of time and to result in a substantial loss of income because of unavailability of paid leave.
2. A personal emergency is limited to catastrophic and debilitating medical situations, severely complicated disabilities, and severe accident cases which would require a prolonged period of recuperation. Routine disabilities or disabilities resulting from elective surgery do not qualify for leave transfers from the Leave Pool.
3. For the purpose of this policy, a prolonged period of time as used in the definition of personal emergency is generally interpreted to be a minimum of thirty (30) working days. A faculty or staff member must have been in leave without pay for a minimum of thirty (30) working days or provide documentation certifying that a medical emergency will result in a period of leave without pay for this period of time. However, an employee who is within thirty (30) days of becoming eligible for long term disability benefits or disability retirement, and who has exhausted all accrued leave due to the prolonged personal emergency, shall be eligible to be considered for leave transfer even though the total period of leave without pay may be for less than thirty working days.
4. A faculty or staff member must exhaust all earned sick and/or annual leave (as appropriate according to university Sick and Annual Leave Policies) prior to using approved transferred leave.

Procedure

1. When a faculty or staff member experiences a personal emergency requiring time away from work for which they have no paid leave, they may request a leave transfer by submitting a University Request for Leave Transfer Form (P-72) to their department chairperson. The request must include an explanation of the personal emergency, and a brief leave history explaining why there is insufficient leave to cover the time needed. The personal emergency may be subject to verification.
2. It will be the responsibility of the department chairperson to review the request, verify the leave history and make a recommendation for approval or disapproval. Regardless of the departmental recommendations, the request must be forwarded to Human Resources' Benefits Office for review, verification of leave, and disposition. Supervisors on campuses outside Columbia should forward the requests for transfer through the Human Resources Officer on their campus.
3. If the leave transfer request is approved, the Payroll Office will transfer the approved amount of sick and/or annual leave to the leave recipient's balance.
4. When a leave recipient returns to work, the personal emergency ends or employment terminates, the department chairperson must complete a [Return From Leave Notification Form \(P- 73\)](#) and send it to Human Resources. Supervisors on campuses outside Columbia should forward the requests for transfer through the Human Resources Officer on their campus. Any transferred leave remaining in the balance of the leave recipient must be restored to the Leave Pool.

NOTE: The above is only a summary of the University Leave Transfer Policy, HR 1.10. The entire policy is available at: <http://www.sc.edu/policies/ppm/hr110.pdf>.