

**USC System Leave Transfer Program
Return from Leave Notification**



To be completed by Department/Campus

Name: _____
(First, Middle & Last)

Faculty Staff Social Security Number: _____

Department: _____ Dept. # _____

Campus: _____ Department Phone: _____

Date no longer eligible to receive leave: _____.

Check one and give reason:

No Longer Needed Termination Other _____

Reason: _____

Authorized Signature: _____ Date _____

To be completed by Human Resources

Restore ____ Hours of Annual Leave to the University System Leave Transfer Program
 Sick

Total hours used _____. Total hours granted _____ Hourly Rate _____

Human Resources Signature: _____ Date: _____