

**STATE OF IDAHO  
STATE CONTROLLER'S OFFICE  
TRANSFER OF VACATION HOURS/RECEIPT OF SICK HOURS FORM**

**Donating Agency Required Information**

USER	STATE ORG#	EFF DATE	ID	TRAN	C	ERN CD
			<b>G 1</b>	<b>3 1 0</b>		<b>V H T</b>
1	3 4	6 16	21 22	24	27 28	30

DONATING EMPLOYEE SSN	0	RECEIVING STATE ORG#	0	RECEIVING EMPLOYEE SSN	2	VACATION HOURS
Last 4 Digits SSN	0		0	Last 4 Digits SSN	0	
DSP Only	1		2	DSP Only	7	.
7	15					

\_\_\_\_\_  
Donating Employee's Name (Please Print)

\_\_\_\_\_  
Donating Employee's Signature

\_\_\_\_\_  
Date

I, the undersigned, have verified and certify that the above named employee meets all of the following criteria necessary to make him/her eligible to donate unused vacation hours to another state employees' sick leave balance as provided for in Idaho Code #67-5334.

1. Employee has more than 80 hours of vacation balance. (Even after hours have been transferred.)
2. Employee will not exceed 80 hours of transferred vacation leave, including this transfer, in the current Fiscal Year.
3. Employee signature is present on this form.

\_\_\_\_\_  
Appointing Authority Signature:

\_\_\_\_\_  
Date

**Receiving Agency Required Information**

\_\_\_\_\_  
Receiving Employee's Name (Please Print)

I, the undersigned, have verified and certify that the above named employee meets all of the following criteria necessary to make him/her eligible to receive unused vacation hours from another state employee to be used as sick leave as provided for in Idaho Code #67-5334. (employee must be eligible to accrue sick leave)

1. The receiving employee is eligible **only** if he/she or a family member suffers from serious illness or injury.
2. Employee will not exceed 160 hours received from all other employees, including this transfer, in the current Fiscal year.
3. As of pay period, \_\_\_\_\_ all of the employee's sick and vacation balance will be exhausted, making him/her eligible to receive the above hours.

\_\_\_\_\_  
Appointing Authority Signature:

\_\_\_\_\_  
Date