

## 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: \_\_\_\_\_