

SEIU LOCAL 503, OPEU

PORTLAND STATE UNIVERSITY  
HARDSHIP LEAVE TRANSFER  
AUTHORIZATION FORM

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Employee Information	
Employee Name	ID No.
Department	

Pursuant to Article 41, Section 8 of our Collective Bargaining Agreement, I voluntarily agree to donate the designated vacation hours, referenced below, to the sick leave account of:

\_\_\_\_\_

I understand that any hours donated are not recoverable.

Number of Hours to be Donated:	
Employee Signature	Date

**Please return this form to:**

Campus Coordinator	Date
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