**EHRA EMPLOYEE LEAVE TRANSFER EXCEPTION REQUEST**

Please complete all sections. This request must be signed by the appropriate Cabinet member for the requesting unit/division before submission to the Office of the Chancellor. The Requester and Cabinet Member acknowledges and assumes the financial obligations associated with this leave transfer.

**Date:**

**New Employee Name:**

**New Employee Title:**

**Number of Annual Leave Balance for Transfer:**

**Transferring From:**

**NCSU Start Date:**

**Requested By (Name, Title, Unit/Division):**

**Cabinet Member Approval (Signature):**

**Provide Copies to:**

**--------------------------------------------------------------------------------------------------------------------**

**Chancellor Approval:**

**Notes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Authority: [POL 05.15.01 Employees Exempt from the State Human Resources Act (EHRA), section 8.2.2](https://policies.ncsu.edu/policy/pol-05-15-01/)