

**LANGSTON UNIVERSITY**  
**REQUEST TO TRANSFER LEAVE HOURS FORM**

\_\_\_\_\_  
Employee Name (Please Print)

\_\_\_\_\_  
Date

I am requesting to transfer \_\_\_\_\_ hours of my Paid Leave time to my  
(indicate number of hours)  
Extended Sick Leave time.

I understand that once I transfer these hours to my Extended Sick Leave, I cannot request to transfer the hours back to my Paid Leave.

\_\_\_\_\_  
Employee Signature