

How to request to receive donated	leave:					
This job aid outlines how an employee	can request to rec	ceive donated leave.				
Navigation: Employee Self Service > T	ime and Absence	> Leave Transfer				
Processing Steps	Screenshots					
Step 1: On the Employee Self Service landing page, click the Time and Absence tile.	SOUTH CAROLINA	Time and Absence	► Employee Payroll Last Pay Date 04/30/2021 USC Profile	Self Service Personal Details	Talent Profile	A K : 0







Leave tab	< Time Leave Transfer A Q Y				
.eave tab.	Request to Donate Leave	Request to Receive Donated Leave			
Step 4: Be sure to take the time to read the top of the Request to	Receive Donated Leave				
	Leave Transfer History	This form may be used to request sick/annual leave from the appropriate leave pool. In order to be eligible to receive leave from the leave pool, you must meet the following criteria:			
Receive Donated Leave page for mportant information regarding the criteria for eligibility and what is equired for approval.		In date to be equipate to receive taket to find the leave pool, you must here uter booking dates: 1. You must have experience leave at the same rate as full time equivatent positions. 2. You must have experience leave at the same rate as full time equivatent positions. 2. You must have experience leave at the same rate as full time equivatent positions. 3. You must have experience leave at the same rate as full time equivatent positions. 4. You must have experience approach emergency, which is defined as a catastopical and definiting mulcical situation, severely complicated disability, severe accident cases, family medical emergencies or other hardship situations had are likely to require your absorber from work for a prolonge period of time, and time. In the leave pool. 4. You must have experience must be leave book. 4. You must have experience must be leave book. 5. If you are receiving or eligible for other paid benefits for your absorber from work, you are not eligible for ing term disability benefits or disability from the leave pool. 5. If you are receiving or eligible for other paid benefits for your absorber from work, you are not eligible for ing term disability themptity (20) working days. 5. If you are receiving or eligible for other paid benefits for your absorber from work, you are not eligible to receive leave of the total benefits. 7. The approval process includes the following: 7. The approval process includes the following: 7. The upproval process includes the following: 7. The tapproval process includes the dates of your absorber from work, you are not eligible for the paid benefits for your absorber from work, you are not eligible for the tappeort of the asserbly the paid of the second benefits. 7. The tapproval process includes the following: 7. The upproval process includes the following: 7. The tapport process includes the approval process includes			



Step 5. To begin click the Program Name	C Time		Leave Transfer		9 7 : 0
drop down list and calest the appropriate	Request to Donate Leave	Donation Program			-
program.	Receive Donated Leave	*Program Name	Sick Leave Pool		
	Leave Transfer History	Loavo Timo Poquest	Select Program Sick Leave Pool		
		*Recipient Emp	nployee 🗸	Recipient Name	
		*Begin Date	i	*End Date	
		*Hours Requested			
					-
Step 6: Click in the Start and End Date	K Time		Leave Transfer		♠ < ♥ : ∅
fields and enter the dates for the leave	Request to Donate Leave	Donation Program			*
request.	Receive Donated Leave	*Program Name	Sick Leave Pool		
Step 7: Click in the Hours Requested	Transfer History	Leave Time Request			
field and enter the hours required for		*Recipient Em	mployee 🗸	Recipient Name	
the leave request.		*Begin Date 06/0	/07/2021	"End Date 06/08/2021	
		*Hours Requested	15		



Sten 8 . Select a reason for requesting to	< Time	Leave Transfer 🏠 🔍 🏲 🔅 🙆
receive donated leave.	Request to Donate Leave	Reason
	Receive Donated Leave	Description
Sten Q. Click in the Commonts field and	C Leave Transfer History	I am requesting donated sick leave from the sick leave pool to cover my absences related to my own catastrophic illness, disability or injury.
enter additional information. These		I am requesting donated annual leave from the annual leave pool to cover my absences related to the catastrophic illness, disability or injury of my immediate family member.
comments are routed to the Absence		Other (Please provide additional details in the comments box.)
Management Leave Administrator		Additional Details
located in the HR central office.		
Step 10: Click the Add Attachment		Comments
button to provide supporting medical		Requester Comments Add additional information here.
documentation that specifies the dates of		
your absence.		Add Attachment



Step 11: Click the Choose File button.	Leave Transfer				
	Request to Donate Leave				
	Receive Donated Leave	Description			
	Leave Transfer History	I am requesting donated sick leave from the sick leave pool to cover my absences related to my own catastrophic illness, disability or injury.			
		I am requesting donated annual leave from the annual leave pool to cover my absences related to the catastrophic illness, disability or injury of			
		Other (Please provide additional details in the comments box.)			
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Step 13: Click the Upload button.	Request to Donate Leave	Reason
	Receive Donated Leave	Description
	Eave Transfer History	I am requesting donated sick leave from the sick leave pool to cover my absences related to my own catastrophic illness, disability or injury.
		I am requesting donated annual leave from the annual leave pool to cover my absences related to the catastrophic illness, disability or injury of my immediate family members.
		Other (Please provide additional details in the comments box.)
		Additional Details
		Comments
		Requester Comments Add additional infor
		Upload Cancel
		Attachments
	< Time	Leave Transfer 🕋 🔍 🏲 🗄 🍘
Number of the state of the state of the state	Request to Donate Leave	Additional Details
Notice the document is attached.	Receive Donated Leave	
	Eave Transfer History	Comments
Step 14: Click in the Acknowledgement		Requester Comments Add additional information here.
and Agreement box to confirm you read		
and comply with the given statements.		Attachments
		Add Attachment
Step 15: Click the Submit button to		Attachments View Attached By Attached
submit the request for approval.		Documentation_for_Receiving_Leave_Donation.docx View Attachments 06/02/21 5:06:09PM
		Acknowledgement & Agreement:
		I have reviewed USC's Leave Transfer Policy (HR 1.10).
		A personal emergency may be subject to verification.
		Upon the approval of my leave pool request, if I return to work or separate before my personal emergency ends, I understand that any remaining leave that I have received from the leave pool will be restored back to the leave pool upon my return and I acknowledge that I will notify my Leave Administrator.
		I hereby confirm that I have read and comply with the given statements.
		Submit Save for Later
		1 Dannikad Field



Step 16: Click Yes to submit the request.	K Time	Leave Transfer 🏠 🖓 🏲 🗧 🙆
	Request to Donate Leave Receive Donated Leave Leave Transfer History	Request for Donated Leave Submit Confirmation
Step 17: Click OK to return to the	✓ Time ■ Request to Donate Leave	Leave Transfer A Q Y : 0 Saving Page ×
Request to Donate Leave page.	Receive Donated Leave Leave Transfer History	Submit Confirmation



The request has been submitted and is now waiting to be approved by the Absence Management Leave Administrator located in the HR central office.	: @
now waiting to be approved by the Absence Management Leave Administrator located in the HR central office.	
Absence Management Leave Administrator located in the HR central office. Administrator located in the HR central office.	
Administrator located in the HR central office. Administrator located in the HR central office. Image: Instant certain for the the term of term of the term of term of the term of t	
office. Documentation_for_Receiving_Leave_Donation.docx View Attachments 06/02/21 5:06:09PM Acknowledgement & Agreement: I have reviewed USC's Leave Transfer Policy (HR 1:10). A personal emergency may be subject to verification. 	
Acknowledgement & Agreement:	
You successfully learned how to request to request from a leave form a leave f	1-1 of 1