California Fish and Game Wardens Association

CAUSE

TRANSFER OF LEAVE AUTHORIZATION

I hereby authorize the transfer of my leave, as indicated below, for use by CFGWA for association business.

NAME: _____ SSI#: _____

CLASS TITLE: _____ DEPARTMENT: _____

WORK LOCATION: _____ WORK PHONE: _____

CAUSE AFFILIATE: CFGWA CODE NUMBER _____
(to be filled in by dept.)

TYPE OF LEAVE: CTO VACATION HOLIDAY
(Circle One)

NUMBER OF HOURS: 8 16 24 Other: _____
(Circle One)

_____ _____
SIGNATURE DATE

Please fill out, sign, and return to Nicole Kozicki, P.O. Box 284, Moraga CA 94556.