

# Leave Recipient Application Under The Voluntary Leave Transfer Program

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| 1. Applicant's Name (Last, First, Middle)  |  | 2. Social Security Number  | 3. Employee Number                                       |
| 4. Position Title, Pay Plan and Grade/Pay Level;   |  |  |  |
| 5. Name of Organization (Agency, Department, Office, Division, Branch, etc.)   |  |  | 6. Payroll Office Number                                 |
| 7. Nature and Severity of the Medical Emergency  |  |  |  |
| 8. Individual Affected by Medical Emergency (Check One)<br><br><input type="checkbox"/> Employee <input type="checkbox"/> Employee's Family Member   |  | 9. Date Medical Emergency Began  | 10. Date Medical Emergency Ended (or is expected to End) |
| 11. Name of Physician Who Will Verify Emergency (Attach Documentation from the physician (or other appropriate expert) showing the diagnosis, prognosis and duration of the illness.)  |  |  |  |
| 12. What is the Applicant's Leave Balance as of End of Last Pay Period?  |  | 13. How Many Hours of Leave Without Pay Have Been Used for This Medical Emergency?   |  |
| 14. Does the Applicant Want a Description of the Medical Emergency Distributed to Servicing Personnel Offices so the Other Employees May Donate Leave to the Account? <input type="checkbox"/> No <input type="checkbox"/> Yes    If "YES", Provide the Description Below<br><br><br><input type="checkbox"/> Check if the Applicant Does Not Wish to Have Name Used With the Description or Disclosed to Anyone Except Supervisor, the Supervisory Channel and the Deciding Official, and Individuals Who Maintain the Program. |  |  |  |
| 15. Name of Individual Completing the Application (If Applying on Behalf of the Applicant)   |  | Relationship to Applicant  | Telephone Number   |
| 16. I Certify that the Above Statements are True.<br>Signature of Applicant or Individual Applying on Behalf of the Applicant  |  | Date Signed  |  |
| <b>Privacy Act Statement</b><br>Participation in this program is voluntary; however, solicitation of this information is authorized by P. L. 100-566 (October 31, 1988). The information furnished will be used to identify records properly associated with the application to become a leave recipient. It may also be disclosed to a national, state, or local law enforcement agency where there is an indication of a violation or potential violation of civil or criminal law, rule,                                      |  | or regulation; or to another agency or court when the Government is party to a suit. Executive Order 9397 (November 22, 1943) authorizes use of the Social Security Number (SSN). Furnishing the Social Security Number, as well as other data, is voluntary, but failure to do so may delay or prevent action on the application. |  |
| 17. First Level Supervisor's Recommendation, Signature, and Date Signed<br><br><input type="checkbox"/> Approve <input type="checkbox"/> Disapprove  |  | 18. Deciding Official's Decision, Signature and Date Signed<br><br><input type="checkbox"/> Approve <input type="checkbox"/> Disapprove  |  |

REPRODUCE LOCALLY

**Request To Donate Annual Leave to Leave Recipient (*Within Agency*)  
 Under the Leave Transfer Program**

I request that annual leave be transferred to the leave account of an approved leave recipient. This recipient is not my immediate supervisor. As of the date indicated below, I have enough annual leave in my account to cover this amount. I understand that if I am projected to forfeit leave during this leave year, the amount of leave I am transferring may not exceed the number of hours remaining in the leave year for which I am scheduled to work. The amount of leave I am transferring also is not more than half the hours I will earn this year.

remains after the recipient's medical emergency has terminated, I can elect to have a pro-rated share returned to me during either the current leave year or the following leave year, or I can elect to donate my pro-rated share to another leave recipient. However, to do so, I must remain employed by a Federal agency and be subject to chapter 63 of the title 5, U.S.C., on the date the medical emergency terminates.

I have not been directly or indirectly intimidated, threatened or coerced, or promised any benefit by any employee for the purpose of donating or using leave.

I understand that my decision to transfer leave is not revocable. If a sufficient balance of unused leave

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This program is voluntary; however, solicitation of this information is authorized by P. L. 100-566 (October 31, 1988). The information furnished will be used to identify records properly associated with the leave donation. It may also be disclosed to a national, State, or local law enforcement agency where there is an indication of a violation or potential violation of civil or criminal law,

rule or regulation; or to another agency or court when the Government is party to a suit. Executive order 9397 (November 22, 1943) authorizes use of the Social Security Number (SSN). Furnishing the Social Security Number, as well as other data, is voluntary, but failure to do so may delay or prevent action on the request to donate leave.

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| <b>TO BE COMPLETED BY LEAVE DONOR</b>  |  |   |
| 1. Name  | 2. Social Security Number  | 3. Employee Number                          |
| 4. Position Title, Pay Plan, and Grade/Pay Level                             |  |   |
| 5. Name of Organization (Agency, Department, Office, Division, Branch, etc.) |  |   |
| 6. Amount of Annual Leave as of End of Last Pay Period                       | 7. Amount of Leave Projected to Forfeit This Leave Year as of End of Last Pay Period | 8. Amount of Annual Leave To Be Transferred |
| 9. Individual's Name or identification Number to Whom Leave is Being Donated |  |   |
| 10. Signature  |  | Date Signed                                 |

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- NOTE:**
1. Forward this completed form to the Leave Donor's Activity Head for review and approval.
  2. Add potential Leave Donor's Servicing Payroll Office Number in Item No. 5. (See Appendix A-3)
  3. Add the name of the Recipient's Employing Activity in Item No. 9.

**Request To Donate Annual Leave to Leave Recipient (*Outside Agency*)  
 Under the Leave Transfer Program**

I request that annual leave be transferred to the leave account of an approved leave recipient. This recipient is not my immediate supervisor. As of the date indicated below, I have enough annual leave in my account to cover this amount. I understand that if I am projected to forfeit leave during this leave year, the amount of leave I am transferring may not exceed the number of hours remaining in the leave year for which I am scheduled to work. The amount of leave I am transferring also is not more than half the hours I will earn this year.

remains after the recipient's medical emergency has terminated, I can elect to have a pro-rated share returned to me during either the current leave year or the following leave year, or I can elect to donate my pro-rated share to another leave recipient. However, to do so, I must remain employed by a Federal agency and be subject to chapter 63 of the title 5, U.S.C., on the date the medical emergency terminates.

I understand that my decision to transfer leave is not revocable. If a sufficient balance of unused leave

I have not been directly or indirectly intimidated, threatened or coerced, or promised any benefit by any employee for the purpose of donating or using leave.

**Privacy Act Statement.**

This program is voluntary; however, solicitation of this information is authorized by P. L. 100-566 (October 31, 1988). The information furnished will be used to identify records properly associated with the leave donation. It may also be disclosed to a national, State, or local law enforcement agency where there is an indication of a violation or potential violation of civil or criminal law, rule or regulation; or to another agency

or court when the Government is party to a suit. Executive order 9397 (November 22, 1943) authorizes use of the Social Security Number (SSN). Furnishing the Social Security Number, as well as other data, is voluntary, but failure to do so may delay or prevent action on the request to donate leave.

**TO BE COMPLETED BY LEAVE DONOR**

|  |  |  |  |   |  |   |  |  |
|--|--|--|--|---|--|---|--|--|
| 1. Name  |  |  | 2. Social Security Number  |   |  | 3. Employee Number                          |  |  |
| 4. Position Title, Pay Plan, and Grade/Pay Level   |  |  |  | 5. Relationship of Leave Donor to Leave Recipient ( <i>if any</i> ) |  |   |  |  |
| 6. Leave Donor's Agency (Agency, Department, Office, Division, Branch, etc.)   |  |  |  |   |  |   |  |  |
| 7. Amount of Annual Leave as of End of Last Pay Period   |  |  | 8. Amount of Leave Projected to Forfeit This Leave Year as of End of Last Pay Period |   |  | 9. Amount of Annual Leave To Be Transferred |  |  |
| 10. Leave Recipient's Name, Agency, Agency's Address, Organization (Agency, Department Office, Division, Branch, etc.) |  |  |  |   |  |   |  |  |
| 10. Leave Donor's Signature  |  |  |  |   |  | Date Signed                                 |  |  |

**PART B - TO BE COMPLETED BY EMPLOYING AGENCY OF LEAVE DONOR**

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| INSTRUCTIONS: Upon completion and approval of this form, forward a copy to the leave recipient's employing agency as soon as possible so that the transfer of leave can take place.   |  |  |
| Enter the Amount of Annual Leave to Credited to the Leave Recipient's Annual Leave Account    |  |  |
| 13. If the agency is waiving the maximum limitations for leave donation under the Voluntary Leave Transfer Program, describe the special circumstances that warrants the waiver.  |  |  |
| 14. Name of Agency Contact Who Can Provide Further Information  |  | Telephone Number   |
| I certify that the leave donor currently has sufficient annual leave in his/her annual leave account to make a donation for the requested amount of annual leave and that the amount of the donation does not exceed the maximum limitations for leave donation under the voluntary leave transfer program. |  |  Signature of Authorizing Official and Date Signed: |

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- NOTE:** 1. Forward this completed form to the Leave Donor's Activity Head for review and approval.  
 2. Add potential Leave Donor's Servicing Payroll Office Number in Item No. 5. (See Appendix A-3)  
 3. Add the name of the Recipient's Employing Activity in Item No. 9.