



DEPARTMENT OF THE NAVY

NAVAL SEA SYSTEMS COMMAND
1333 ISAAC HULL AVE SE
WASHINGTON NAVY YARD DC 20376-0001

IN REPLY TO
NAVSEAINST 12630.4B
Ser 10/064
30 Apr 03

NAVSEA INSTRUCTION 12630.4B

From: Commander, Naval Sea Systems Command

Subj: VOLUNTARY LEAVE TRANSFER PROGRAM

Ref: (a) 5 CFR 630, Subpart I

Encl: (1) Certification of Health Care Provider, Department of Labor Form WH-380
(2) Leave Recipient Application, OPM-630
(3) Request to Donate Annual Leave To Recipient (*Within Agency*), OPM-630-A
(4) Request to Donate Annual Leave To Leave Recipient (*Outside Agency*), OPM-630-B
(5) Transfer Leave Record For Leave Recipient, OPM-630-C

1. Purpose. To update NAVSEA policies and procedures for the Voluntary Leave Transfer Program as required by reference (a).

2. Cancellation. NAVSEAINST 12630.4A.

3. Background. Pursuant to the Federal Employees Leave Sharing Amendments Act of 1993 and reference (a), the Voluntary Leave Transfer Program permits employees to donate unused accrued annual leave to another employee for medical or family medical emergency situations.

4. Policy. The Voluntary Leave Transfer Program enables civilian employees to become leave donors or leave recipients. A final determination on an application must be made within 10 calendar days (excluding Saturdays, Sundays, and legal holidays) of the receipt of a complete and fully documented application. For all NAVSEA Headquarters and affiliated Program Executive Officer (PEO) employees, the cognizant Executive Director or equivalent for PEOs will make the final approval/disapproval decision for leave recipients and leave donors.

5. Definitions

a. Family Member. The following relatives of the employee: spouse and parents thereof; children, including adopted children, and spouses thereof; parents' brothers and sisters and spouses thereof; and any individual related by blood or affinity whose close association with the employee is the equivalent of a family relationship.

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b. Leave Donor. An employee whose voluntary written request for transfer of annual leave to the annual leave account of a leave recipient is approved.

c. Leave Recipient. A current employee who has an approved application to receive annual leave from the annual leave account of one or more leave donors.

d. Medical Emergency. A medical condition of an employee or a family member of an employee that is likely to require an employee's absence from duty without available paid leave (*disregarding any advanced leave*) for at least 24 hours. The 24 hours requirement applies to full time employees. See paragraph 8.a.(1) for requirements applicable to part-time employees.

6. Delegation of Authority. NAVSEA Headquarters Executive Directors and PEOs may delegate approval authority for leave recipient requests and donor applications.

7. Responsibilities

a. The cognizant Executive Director or equivalent in PEOs is responsible for:

(1) Ensuring that their subordinates are familiar with the requirements of this instruction.

(2) Administering the leave program including the accurate recording and reporting of time and attendance for employees under their supervision.

(3) Receiving and approving or disapproving all leave recipient applications and leave donor applications.

(4) Ensuring that leave recipients under their supervision report, on a bi-weekly basis, the status of the medical emergency.

(5) Ensuring that sensitive, personal information associated with a subordinate's application is protected from unauthorized disclosure in accordance with NAVSEAINST 5211.2, Privacy Act.

(6) Providing leave donor/recipient information to the Leave Transfer Program Coordinator (LTPC) as needed to meet reporting requirements.

b. Immediate supervisors will receive and recommend approval or disapproval of all leave recipient applications and leave donor applications from employees under their cognizance,

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and then forward the request through their respective chain of command to the appropriate approval/disapproval authority.

c. SEA 103 is designated the NAVSEA Headquarters/PEO Leave Transfer Program Coordinator (LTPC) and is responsible for:

(1) Publicizing the need for leave via available outlets.

(2) Maintaining all required records and files.

(3) Submitting reports as requested by the Office of Personnel Management (OPM) or Department of the Navy (DON).

(4) Notifying the servicing payroll office when a Medical Emergency terminates in order to restore transferred annual leave to each leave donor.

(5) Ensuring that leave recipients certify the Medical Emergency, enclosure (1), and re-certify the Medical Emergency as the situation warrants thereafter.

(6) Ensuring that sensitive, personal information associated with a leave recipient's application will be protected from unauthorized disclosure in accordance with NAVSEAINST 5211.2, Privacy Act.

(7) Reviewing this instruction annually and revising it as required.

(8) Initiate OPM 630-C when a current leave recipient under this program transfers to another Federal agency without a break in service.

8. Application Procedures

a. Leave Recipients. Employees who wish to apply to become leave recipients shall use enclosures (1) and (2). Each must be completed in full, including the actual or anticipated date of the medical emergency. Other appropriate medical documentation may be attached to the forms. The LTPC and/or cognizant supervisor may require periodic re-certification of the medical emergency.

(1) Approved. The leave recipient's approving official shall review enclosures (1) and (2) to determine that the potential leave recipient is or has been affected by a medical emergency. Approval for retroactive leave will only be granted to leave recipients for 30 days. However, when an extreme hardship case is thoroughly documented, a longer period may be considered. Medical certifications must cover the entire time

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period requested. Before approving an application to become a leave recipient, the approving official shall determine that the absence from duty without available paid leave, because of the medical emergency, is or is expected to be at least 24 hours. In the case of part-time employees or employees with an uncommon tour of duty, the expected absence should be at least 30 percent of the average number of hours in the employee's biweekly scheduled tour of duty. If approved, the cognizant Executive Director/PEO shall notify the leave recipient within ten calendar days (excluding Saturdays, Sundays, and legal holidays) after the date the application was received that the application was approved.

(2) Disapproved. If disapproved, the cognizant Executive Director/PEO shall notify the leave recipient within ten calendar days in writing (excluding Saturdays, Sundays, and legal holidays) that the application was disapproved and the reasons for the disapproval. The applicant's request may be reconsidered if or when additional information is provided which may strengthen the request. The applicant shall be informed of the right to grieve the decision by using the applicable grievance procedure, e.g., Administrative Grievance Procedure or Negotiated Grievance Procedure.

b. Leave Donors. Enclosure (3) is the request to donate annual leave to recipients under the Voluntary Leave Transfer Program. Enclosure (4) is the request to donate annual leave to recipients outside of the agency (DON). Annual leave donors shall specify the number of hours of accrued annual leave to be transferred from his/her annual leave account to the annual leave account of a specified leave recipient. Leave donors should check with the LTPC to ascertain the internal processing requirements. When leave donors are donating leave to leave recipients outside of the NAVSEA Headquarters claimancy, they must provide a point of contact (name, phone number, and fax number) at the leave recipient's activity. The LTPC will advise potential leave donors of the disposition of the applications.

(1) Approved. If approved, the leave donor will be notified of the limitations on donations of annual leave, the number of hours of annual leave which will be transferred, and the entitlement to have a portion of the unused transferred leave restored to the leave donor at the termination of the leave recipient's medical emergency.

(a) A leave donor may donate no more than one-half of the amount of annual leave he/she would be entitled to accrue during the leave year in which the donation is made.

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(b) In the case of a leave donor who is projected to have annual leave that otherwise would be subject to forfeiture at the end of the leave year, the maximum amount that may be donated shall be the lesser of:

1. The number of hours remaining in the leave year (as of the date of the transfer) for which the leave donor is scheduled to work and receive pay; or

2. No more than one-half of the amount of annual leave he/she would be entitled to accrue during the leave year in which the donation is made.

(c) The limitations described above may be waived, in writing, provided the approving official is at a higher level than the official that originally approved the donor's leave request.

9. Transfer of Annual Leave

a. The LTPC will notify the servicing Payroll Office upon approval of applications from leave donors and leave recipients.

b. NAVSEA will accept donations of annual leave from donors employed by other agencies provided:

(1) The leave donor is a family member of the recipient;
or

(2) The amount of annual leave transferred from leave donors employed by NAVSEA may not be sufficient to meet the needs of the leave recipient; or

(3) Acceptance of leave transferred from another agency would further the purpose of this program.

c. Annual leave transferred may be used on a current basis or substituted retroactively for periods of leave without pay (LWOP). It may also be used to liquidate an indebtedness for advanced annual or sick leave granted on or after a date established by the leave recipient's employing agency at the beginning of the period of medical emergency for which LWOP or advanced annual or sick leave was granted.

d. A leave recipient must use any accrued annual and sick leave, if applicable, before using donated annual leave.

e. The procedures specified in paragraph 8.b. above will be followed for DON donors wishing to donate leave to employees of other agencies. Enclosure (4) shall be used for this purpose. The approved application (excluding the leave and earnings

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statement) will be forwarded to the leave recipient's employing agency following the procedures established by the employing agency.

10. Limitations on the Accrual of Annual and Sick Leave

a. While an employee is using transferred annual leave, annual and sick leave will accrue to the employee's credit at the same rate as if the employee were exhausting paid leave. The maximum amount of annual and sick leave that may be accrued by an employee while in a donated leave status in connection with any particular medical emergency may not exceed 40 hours of annual leave and 40 hours of sick leave.

b. Any annual leave or sick leave accrued by an employee while using donated annual leave will be credited to a separate leave account. The leave earned will be re-credited to the employee's leave account effective the beginning of the first pay period after the date on which the employee's medical emergency terminates.

c. If the employee's medical emergency terminates as described in 11.a.(1) below, no accrued leave will be credited to the employee as discussed under this section.

11. Termination of Medical Emergency

a. The medical emergency terminates:

(1) When the leave recipient's Federal service is terminated.

(2) At the end of the pay period in which written notice from the employee or a representative is received, stating that the leave recipient is no longer affected by a medical emergency.

(3) At the end of the pay period in which the cognizant Executive Director/PEO determines, after written notice and opportunity for the leave recipient or his/her representative to answer orally or in writing, that the leave recipient is no longer affected by a medical emergency.

(4) At the end of the pay period in which the cognizant Executive Director/PEO receives notice that OPM has approved an application for disability retirement for the leave recipient under the Civil Service or the Federal Employee's Retirement Systems.

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b. The leave recipient is responsible for immediately informing his/her supervisor and the LTPC by memorandum or email when the personal emergency has terminated.

c. The LTPC will monitor the status of the medical emergency affecting the leave recipient to ensure the employee continues to be affected by the medical emergency.

d. When the medical emergency terminates, no further requests for transfer of annual leave may be granted and any unused donated leave remaining shall be restored to the leave donors.

e. The LTPC will notify the leave recipient's servicing payroll office when the medical emergency terminates in order to terminate the receipt of transferred leave to the leave recipient and re-credit the remaining transferred leave to the leave donors. The LTPC will also notify the employing office of leave donors outside NAVSEA of the termination of the leave recipient's medical emergency.

12. Restoration of Transferred Annual Leave

a. Upon notification from the LTPC, the servicing payroll office shall re-credit leave donors of any residual transferred annual leave remaining to the credit of the leave recipient. The amount returned to each donor will be calculated by prorating the share of the remaining leave to each donor based upon each donor's pro-rata share of the total leave donated.

b. The servicing payroll office will notify the donor(s), in writing, of the options available for the restoration of annual leave.

c. If a leave donor retires or is otherwise separated from Federal service before the date unused donated leave can be restored, the payroll office will not restore the unused annual leave. The leave will be forfeited.

13. Records Maintenance

a. The LTPC will maintain case files on all leave recipient and donor applicants and act as the point of contact for any information requested by OPM or DON.

b. The following information shall be maintained:

(1) The number of employee applicants approved for medical emergencies and the number of applications approved for medical emergencies affecting an employee's family member.

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(2) The grade or pay level of each leave recipient and leave donor.

(3) The total amount of annual leave transferred to each leave recipient's annual leave account.

(4) The estimated direct and indirect costs of processing leave transfer requests, monitoring the use of transferred leave, and other related information associated with administering the Voluntary Leave Transfer Program.

14. Forms. Enclosures (1) through (5) are the applicable forms to use under the Voluntary Leave Transfer Program and may be reproduced. The forms are also available on the OPM web site: <http://www.opm.gov/oca/leave/>

15. Action. Addressees shall comply with the provisions of this instruction.


P. M. BALISLE

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Certification of Health Care Provider
(Family and Medical Leave Act of 1993)

U.S. Department of Labor

Employment Standards Administration
Wage and Hour Division



(When completed, this form goes to the employee, **not to the Department of Labor.**)

OMB No.: 1215-0181
Expires: 06/30/02

1. Employee's Name

2. Patient's Name (If different from employee)

3. Page 4 describes what is meant by a "**serious health condition**" under the Family and Medical Leave Act. Does the patient's condition¹ qualify under any of the categories described? If so, please check the applicable category.

(1) _____ (2) _____ (3) _____ (4) _____ (5) _____ (6) _____, or None of the above _____

4. Describe the **medical facts** which support your certification, including a brief statement as to how the medical facts meet the criteria of one of these categories:

5. a. State the approximate **date** the condition commenced, and the probable duration of the condition (and also the probable duration of the patient's present **incapacity**² if different):

b. Will it be necessary for the employee to take work only **intermittently or to work on a less than full schedule** as a result of the condition (including for treatment described in Item 6 below)?

If yes, give the probable duration:

c. If the condition is a **chronic condition** (condition #4) or **pregnancy**, state whether the patient is presently incapacitated² and the likely duration and frequency of **episodes of incapacity**²:

¹ Here and elsewhere on this form, the information sought relates **only** to the condition for which the employee is taking FMLA leave.

² "Incapacity," for purposes of FMLA, is defined to mean inability to work, attend school or perform other regular daily activities due to the serious health condition, treatment therefor, or recovery therefrom.

6. a. If additional **treatments** will be required for the condition, provide an estimate of the probable number of such treatments.

If the patient will be absent from work or other daily activities because of **treatment** on an **intermittent** or **part-time** basis, also provide an estimate of the probable number of and interval between such treatments, actual or estimated dates of treatment if known, and period required for recovery if any:

b. If any of these treatments will be provided by **another provider of health services** (e.g., physical therapist), please state the nature of the treatments:

c. **If a regimen of continuing treatment** by the patient is required under your supervision, provide a general description of such regimen (e.g., prescription drugs, physical therapy requiring special equipment):

7. a. If medical leave is required for the employee's **absence from work** because of the **employee's own condition** (including absences due to pregnancy or a chronic condition), is the employee **unable to perform work** of any kind?

b. If able to perform some work, is the employee **unable to perform any one or more of the essential functions of the employee's job** (the employee or the employer should supply you with information about the essential job functions)?
If yes, please list the essential functions the employee is unable to perform:

c. If neither a. nor b. applies, is it necessary for the employee to be **absent from work for treatment**?

8. a. If leave is required to **care for a family member** of the employee with a serious health condition, **does the patient require assistance** for basic medical or personal needs or safety, or for transportation?

b. If no, would the employee's presence to provide **psychological comfort** be beneficial to the patient or assist in the patient's recovery?

c. If the patient will need care only **intermittently** or on a part-time basis, please indicate the probable **duration** of this need:

Signature of Health Care Provider

Type of Practice

Address

Telephone Number

Date

To be completed by the employee needing family leave to care for a family member:

State the care you will provide and an estimate of the period during which care will be provided, including a schedule if leave is to be taken intermittently or if it will be necessary for you to work less than a full schedule:

Employee Signature

Date

A **“Serious Health Condition”** means an illness, injury impairment, or physical or mental condition that involves one of the following:

1. Hospital Care

Inpatient care (*i.e.*, an overnight stay) in a hospital, hospice, or residential medical care facility, including any period of incapacity² or subsequent treatment in connection with or consequent to such inpatient care.

2. Absence Plus Treatment

(a) A period of incapacity² of **more than three consecutive calendar days** (including any subsequent treatment or period of incapacity² relating to the same condition), that also involves:

- (1) **Treatment³ two or more times** by a health care provider, by a nurse or physician’s assistant under direct supervision of a health care provider, or by a provider of health care services (*e.g.*, physical therapist) under orders of, or on referral by, a health care provider; or
- (2) **Treatment** by a health care provider on **at least one occasion** which results in a **regimen of continuing treatment⁴** under the supervision of the health care provider.

3. Pregnancy

Any period of incapacity due to **pregnancy**, or for **prenatal care**.

4. Chronic Conditions Requiring Treatments

A **chronic condition** which:

- (1) Requires **periodic visits** for treatment by a health care provider, or by a nurse or physician’s assistant under direct supervision of a health care provider;
- (2) Continues over an **extended period of time** (including recurring episodes of a single underlying condition); and
- (3) May cause **episodic** rather than a continuing period of incapacity² (*e.g.*, asthma, diabetes, epilepsy, etc.).

5. Permanent/Long-term Conditions Requiring Supervision

A period of **Incapacity²** which is **permanent or long-term** due to a condition for which treatment may not be effective. The employee or family member must be **under the continuing supervision of, but need not be receiving active treatment by, a health care provider**. Examples include Alzheimer’s, a severe stroke, or the terminal stages of a disease.

6. Multiple Treatments (Non-Chronic Conditions)

Any period of absence to receive **multiple treatments** (including any period of recovery therefrom) by a health care provider or by a provider of health care services under orders of, or on referral by, a health care provider, either for **restorative surgery** after an accident or other injury, or for a condition that **would likely result in a period of incapacity² of more than three consecutive calendar days in the absence of medical intervention or treatment**, such as cancer (chemotherapy, radiation, etc.), severe arthritis (physical therapy), and kidney disease (dialysis).

This optional form may be used by employees to satisfy a mandatory requirement to furnish a medical certification (when requested) from a health care provider, including second or third opinions and recertification (29 CFR 825.306).

Note: Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number.

³ Treatment includes examinations to determine if a serious health condition exists and evaluations of the condition. Treatment does not include routine physical examinations, eye examinations, or dental examinations.

⁴ A regimen of continuing treatment includes, for example, a course of prescription medication (*e.g.*, an antibiotic) or therapy requiring special equipment to resolve or alleviate the health condition. A regimen of treatment does not include the taking of over-the-counter medications such as aspirin, antihistamines, or salves; or bed-rest, drinking fluids, exercise, and other similar activities that can be initiated without a visit to a health care provider.

Public Burden Statement

We estimate that it will take an average of 10 minutes to complete this collection of information, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, Department of Labor, Room S-3502, 200 Constitution Avenue, N.W., Washington, D.C. 20210.

DO NOT SEND THE COMPLETED FORM TO THIS OFFICE; IT GOES TO THE EMPLOYEE.

Application to Become a Leave Recipient Under the Voluntary Leave Transfer Program

1. Applicant's name <i>(Last, first, middle)</i>		2. Social Security Number	3. Employee Number
4a. Position title	4b. Pay plan	4c. Grade/pay level	
5. Name of organization <i>(Agency, Department, Office, Division, Branch, etc.)</i>		6. Office telephone number	
7. Nature and severity of the medical emergency			
8. Individual affected by medical emergency <i>(check one)</i> <input type="checkbox"/> Employee <input type="checkbox"/> Employee's family member	9. Date medical emergency began	10. Date medical emergency ended <i>(or is expected to end)</i>	
11. Name of physician who will verify the medical emergency. <i>(Attach documentation from the physician (or other appropriate expert) showing the diagnosis, prognosis and duration of illness.)</i>			
12. What is the applicant's annual and sick leave balances as of end of last pay period? Annual leave balance → <input style="width: 50px;" type="text"/> Sick leave balance → <input style="width: 50px;" type="text"/>		13. How many hours of leave without pay have been used for this medical emergency? Hours → <input style="width: 50px;" type="text"/>	
14. Provide a description of the medical emergency to be distributed to servicing personnel offices so that other employees may donate annual leave to the applicant. <input type="checkbox"/> Check box if applicant does not want a description distributed. <input type="checkbox"/> Check box if applicant does not wish to have name used with the description or disclosed to anyone except the supervisor, the supervisory channel and the deciding official, and individuals who maintain the program.		Description of medical emergency	
15a. Name of individual completing application <i>(If applying on behalf of the applicant)</i>	15b. Relationship to applicant	15c. Telephone number (area code)	
16a. I certify that the above statements are true. <i>(Signature of applicant or individual applying on behalf of applicant)</i>		16b. Date signed	
Privacy Act Statement Participation in this program is voluntary; however, solicitation of this information is authorized under 5 U.S.C. 6332. The information furnished will be used to identify records properly associated with the transfer of annual leave. 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. Public Law 104-134 (April 26, 1996) requires that any person doing business with the Federal Government furnish a social security number or tax identification number. This is an amendment to title 31, Section 7701. 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. If your agency uses the information furnished on this form for purposes other than those indicated above, it may provide you with an additional statement reflecting those purposes.			
17. First level supervisor's recommendation <input type="checkbox"/> Approve <input type="checkbox"/> Disapprove Signature _____ Date signed _____		18. Deciding official's decision <input type="checkbox"/> Approve <input type="checkbox"/> Disapprove Signature _____ Date signed _____	

Request to Donate Annual Leave to Leave Recipient Under the Voluntary Leave Transfer Program

*Within
Agency*

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 annual 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 annual leave I am transferring also is not more than half the hours I will earn this year.

I understand that my decision to transfer leave is not revocable. If a sufficient balance of unused leave 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 title 5, United States Code.

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.

To Be Completed By Leave Donor

1. Name (<i>Last, first, middle</i>)		2. Social Security Number	3. Employee Number
4a. Position title		4b. Pay plan	4c. Grade/pay level
5a. Name of organization (Agency, Department, Office, Division, Branch, etc.)			5b. Office telephone number
6. Amount of annual leave accrued 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			
10a. Signature			10b. Date signed

Privacy Act Statement

Participation in this program is voluntary; however, solicitation of this information is authorized under 5 U.S.C 6332. The information furnished will be used to identify records properly associated with the transfer of annual leave. 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. Public Law 104-134 (April 26, 1996) requires that any person doing business with the Federal Government furnish a social security number or tax identification number. This is an amendment to title 31, Section 7701. 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. If your agency uses the information furnished on this form for purposes other than those indicated above, it may provide you with an additional statement reflecting those purposes.

Request to Donate Annual Leave to Leave Recipient Under the Voluntary 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 annual 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 annual leave I am transferring also is not more than half the hours I will earn this year.

I understand that my decision to transfer leave is not revocable. If a sufficient balance of unused donated leave 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 title 5, United States Code. 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.

Part A - To Be Completed By Leave Donor

1. Name (<i>Last, first, middle</i>)		2. Social Security Number		3. Employee Number	
4a. Position title		4b. Pay plan	4c. Grade/pay level	5. Relationship of leave donor to leave recipient (<i>if any</i>)	
6. Leave donor's agency (<i>Agency, Department, Office, Division, Branch, etc.</i>)					
7. Amount of annual leave accrued 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 (<i>Agency, Department, Office, Division, Branch, etc.</i>)					
11a. Leave donor's signature				11b. Date signed	

Privacy Act Statement

Participation in this program is voluntary; however, solicitation of this information is authorized under 5 U.S.C 6332. The information furnished will be used to identify records properly associated with the transfer of annual leave. 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. Public Law 104-134 (April 26, 1996) requires that any person doing business with the Federal Government furnish a social security number or tax identification number. This is an amendment to title 31, Section 7701. 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. If your agency uses the information furnished on this form for purposes other than those indicated above, it may provide you with an additional statement reflecting those purposes.

Part B - To Be Completed By Employing Agency of Leave Donor

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.

12. Enter the amount of annual leave to be 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 circumstance that warrants the waiver	
14a. Name of agency contact who can provide further information		14b. Telephone number	
15. Certification: I certify that the leave donor currently has sufficient annual leave in his/her annual leave account to make a donation of 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.			
15a. Signature of authorizing official		15b. Date Signed	

**Transfer of Leave Records for Leave Recipient
Covered by the Voluntary Leave Transfer Program**

Agencies must use this form for the purpose of recording the status of a current leave recipient under the voluntary leave transfer program (authorized under 5 U.S.C.6332) when he or she transfers to another Federal agency without a break in service. The employing agency from which the employee is transferring must complete this form and forward it to the employing agency to which the employee is transferring.

To Be Completed By Transferring Agency

1. Name of current leave recipient (<i>Last, first, middle</i>)			2. Social Security Number	
3. Date medical emergency began	4. Date medical emergency terminated (<i>if applicable</i>)	5. Date employee was approved to become a leave recipient	6. Effective date of separation (<i>transfer</i>)	
7. Total hours of annual leave donated to leave recipient as of the date of separation	8. Total hours of donated annual leave used by the leave recipient as of the date of separation	9. Total hours of unused donated annual leave as of the date of separation		
10. Remarks - Provide a list of all employees who donated annual leave to the leave recipient, including the total amount of annual leave donated by each employee				
11a. Individual's name who can provide further information			11b. Telephone number	
12a. Authorizing official's typed name		12b. Title		
12c. Signature			12d. Date Signed	