

ENDORSEMENTS: If disapproval is recommended, attach your written reason and forward this request to the next level for consideration.

▶ **IMMEDIATE SUPERVISOR:**

Recommend Approval? **Yes** **No** **Initial & Date:** _____

▶ **DEPARTMENT HEAD:**

Recommend Approval? **Yes** **No** **Initial & Date:** _____

▶ **FORWARD THIS FORM TO HRO Code 520 for processing.**

INSTRUCTIONS FOR THE SUPERVISOR:

If the Leave Recipient Application is approved, the recipient must provide you with documentation on at least a monthly basis to support the continuation of the medical emergency. The recipient's eligibility terminates when the recipient:

- (a) is able to return to duty,
- (b) is separated from the activity,
- (c) at the end of the pay period after the approving official determines the medical emergency ceases, or
- (d) at the end of the pay period in which a disability retirement application is approved.

Additionally, you must notify HRO Code 520, when the employee's medical emergency terminates.

PRIVACY ACT STATEMENT. Participation in this program is voluntary; however, solicitation of this information is authorized by PL 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 regulations; 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 SSN, as well as other data, is voluntary, but failure to do so may delay or prevent action on the application.

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

*Outside
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 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