

# LEAVE TRANSFER PROGRAM - DONOR APPLICATION

**FOR PERSONNEL USE ONLY:  
CASE NUMBER**

INSTRUCTIONS: Use this form to request the transfer of earned annual leave to an approved leave recipient under P.L.100-566. You may not transfer leave to your immediate supervisor. After completion, forward it to the office in your agency designated to approve leave donations.

## PART I - COMPLETED BY DONOR

1. NAME OF DONOR <i>(Last, First, Middle Initial)</i>		2. POSITION TITLE	
3. SOCIAL SECURITY NUMBER	4. SERIES, GRADE OR PAY LEVEL	5. ORGANIZATIONAL TITLE <i>(Agency, Division, Branch, Section)</i>	
6. OFFICE ADDRESS			7. OFFICE TELEPHONE NO.
8. NAME OF TIMEKEEPER	9. TELEPHONE NO. OF TIMEKEEPER	10. OFFICE ADDRESS OF TIMEKEEPER	

INSTRUCTIONS: Please review the information below. You may not transfer more than 1/2 the annual leave you will earn during this calendar year unless a waiver is approved. To request a waiver, you must attach a statement as to why your situation is unusual.

If you will be employed full-time by the federal government for the full calendar year, the limits are as follows:

- 52 hours for employees in the 4-hour leave earning category.
- 76 hours for employees in the 6-hour leave earning category, or
- 104 hours for employees in the 8-hour leave earning category.

If you are a part-time employee or if you will not be employed for the full calendar year, you may compute your transfer limit using the appropriate formula below:

Limit for part-time employee =  $13 \times \frac{\text{Duty hours in Pay Period}}{80} \times$  leave earning category

Limit for part-year employee =  $\frac{\text{Number of Pay Periods to be worked}}{2} \times$  leave earning category

11. NUMBER OF HOURS OF ANNUAL LEAVE TO BE TRANSFERRED	12. NAME OF RECIPIENT	13. CASE NUMBER	14. SOCIAL SECURITY NUMBER OF RECIPIENT <i>(if known)</i>
15. ORGANIZATIONAL LOCATION OF RECIPIENT <i>(Agency, Division, Branch, Section)</i>		16. OFFICE ADDRESS OF RECIPIENT	
17. NAME OF LEAVE SHARE COORDINATOR	18. TELEPHONE NO. OF LEAVE SHARE COORDINATOR	19. OFFICE ADDRESS OF LEAVE SHARE COORDINATOR	

**CERTIFICATION OF VOLUNTARY DONATION:** *I certify that I am making this donation entirely of my own free will and that no attempts have been made to coerce me to donate annual leave. I understand that except for any leave unused by the recipient, I have no right under any circumstances (including a medical emergency of my own) to have any of the donated leave restored.*

SIGNATURE OF DONOR	DATE
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## PART II. AGENCY REVIEW AND APPROVAL

1. CURRENT ANNUAL LEAVE <i>(in hours)</i>	AS OF PAY PERIOD NUMBER	2. ANNUAL LEAVE CATEGORY PER PAY PERIOD
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**APPLICATION APPROVED:**

- Yes (This application meets all criteria required for annual leave transfer by law, regulation and Department policy. Transferred leave may be credited to the recipient's account effective Pay Period Number): \_\_\_\_\_
- No (state reason for disapproval): \_\_\_\_\_

SIGNATURE OF APPROVING OR DISAPPROVING OFFICIAL	TITLE	OFFICE TELEPHONE NO.	DATE
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### PRIVACY ACT STATEMENT

5 U.S.C. 6311 authorizes collection of this information. Your social security number is requested solely for the purpose of positively identifying leave donors so that donated leave can be deducted from the proper account. Although the disclosure of this information is voluntary, failure to furnish this information may result in disapproval of this application.