

COMSCINST **12630.3C w/CH-1**

COG CODE **N12**

DATE **4 FEB 1997**



DEPARTMENT OF THE NAVY
COMMANDER MILITARY SEALIFT COMMAND
WASHINGTON NAVY YARD BLDG 210
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COMSCINST 12630.3C
N1
4 February 1997

COMSC INSTRUCTION 12630.3C

Subj: VOLUNTARY LEAVE TRANSFER PROGRAM

Ref: (a) OCPMINST 12630.2A

Encl: (1) Leave Recipient Application, OF-630
(2) Request to Donate Annual Leave To Recipient (*Within Agency*), OF-630-A
(3) Request to Donate Annual Leave To Leave Recipient (*Outside Agency*), OF-630-B

1. Purpose. To establish COMSC policy and procedures for the Voluntary Leave Transfer Program as required by reference (a).
2. Cancellation. COMSCINST 12630.3B.
3. Background. The Voluntary Leave Transfer Program permits employees to donate unused accrued annual leave to another employee for medical or family medical emergency situations.
4. Coverage. All civilian employees.
5. Definitions
 - a. Medical Emergency. A medical condition of an employee or a family member of such 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. This applies to full time employees.
 - b. 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.
 - c. Leave Donor. An employee whose voluntary written request for transfer of annual leave to the annual leave account of a leave recipient is approved.

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d. Transferred Leave Status. The administrative status of an employee while the employee is using transferred leave.

6. Responsibilities

a. COMSC (N1) is delegated responsibility for managing and administering this program for employees serviced by the Human Resources Office - Washington (*HRO-W*) including publicity, maintaining records, providing appropriate notification to the payroll office, maintaining a listing of potential leave recipients/donors, and approving/disapproving leave donors and leave recipients requests.

b. MSC Area Commands and MSC Subordinate Components serviced by HROs other than HRO-W are responsible for assigning a program administrator and establishing, administering and publicizing within their component(s) a Voluntary Leave Transfer Program which conforms to the requirements of reference (a) and this instruction. For those MSC Subordinate Components that are collocated and serviced by one HRO, one program administrator may be assigned to manage and administer this program for all subordinate components. A written agreement signed by all participating subordinate components for a single program administrator is recommended.

7. Application Procedures

a. Leave Recipient

(1) An employee may make a written application to become a leave recipient. If an employee is not capable of making application on his/her behalf, a personal representative may make written application on his/her behalf.

(2) Under the Family Medical Leave Act (*FMLA*), a leave recipient must use the permitted amount of sick leave, as outlined below, before he or she can become eligible for donated leave for bereavement purposes as well as to take care of sick family members.

(a) In order to be granted sick leave exceeding 40 hours, the employee must maintain a sick leave balance of at least 80 hours.

(b) The amount of sick leave granted to an employee during any leave year may not exceed a total of 104 hours.

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(3) Each employee or his/her personal representative must submit enclosure (1) along with a copy of his/her most recent Leave and Earnings Statement through the supervisory chain to the command/activity official delegated responsibility for managing and administering the program.

b. Leave Donor

(1) An employee who requests to become a leave donor must submit enclosure (2) (if within the agency) or enclosure (3) (if outside the agency (see paragraph 13)) along with a copy of his/her most recent Leave and Earnings Statement through the supervisory chain to the command/activity official delegated responsibility for managing and administering the program.

(2) Leave donors who wish to donate annual leave, but who do not know of a specific leave recipient, may contact the command/activity official responsible for managing and administering the program, to obtain information on potential leave recipients.

8. Notification Procedures. Leave recipients and leave donors are to be notified in writing, within 10 working days of receipt of an application, of the disposition of their applications as follows:

a. Recipients

(1) That the application is approved, and

(2) of the recipient's responsibility to provide documentation monthly (*or on a more frequent basis*) to support the continuation of the medical emergency, and

(3) of the conditions under which the medical emergency terminates, or

(4) that the application is disapproved and the reason(s) for disapproval.

b. Donor

(1) The limitations on the donation of annual leave, and

(2) the number of hours of annual leave to be transferred, and

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(3) the donor's entitlement to have a portion of the leave recipient's transferred annual leave restored to his/her annual leave account at the termination of the recipient's medical emergency, or

(4) the disapproval of the application and the reason(s) for disapproval.

9. Restrictions/Limitations on Donation of Annual Leave

a. Leave donors may not specify annual leave transfer to his/her immediate supervisor.

b. In any one leave year a leave donor may donate no more than a total of 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. A leave donor who is projected to have annual leave that otherwise would be subject to forfeiture may donate no more than the number of hours remaining in the leave year as of the date of the transfer.

10. Waiver of Limitations on Donations of Annual Leave. In unusual circumstances, a leave donor may submit a written request for a waiver of the limitations on the amount of annual leave an employee may donate in a given leave year.

a. Requests for waivers will be approved/disapproved on a case-by-case basis. Any such waiver will be documented in writing.

b. Under no circumstances may an employee donate all of his/her annual leave, 80 hours must be retained for personal use.

11. Accrual of Annual and Sick Leave. While an employee is in a transferred leave status, annual and sick leave shall accrue at the same rate as if the employee were then in a paid leave status, except that:

a. The maximum amount of annual or sick leave that may be accrued while in a transferred leave status may not exceed 40 hours.

b. Any annual or sick leave accrued by a leave recipient shall not become available for use until the first applicable pay period beginning after the date on which the leave recipient's medical emergency terminates.

12. Options for Restoration of Leave

- a. Leave donors may elect to have unused donated annual leave restored during the current leave year or during the following leave year.
- b. Leave donors may elect to donate restored leave in whole or part to another leave recipient.
- c. Elections must be made in writing.

13. Interagency Leave Transfer. Transfer of annual leave from a donor employed in another agency is mandatory if any of the following conditions exist and the donor meets the provisions in items 9 and 10:

- a. The leave donor is a family member of the leave recipient;
- b. the leave recipient's employing agency determines that the amount of annual leave donated within the agency may not be sufficient to meet the needs of the leave recipient; or
- c. acceptance of leave transferred from another agency would further the purpose of the Voluntary Leave Transfer Program.

If any of the above conditions exist the donor must submit enclosure (3) along with a copy of his/her most recent Leave and Earnings Statement through the supervisory chain to the official within the organization delegated responsibility for managing and administering the program.

14. Other Requirements

- a. The minimum amount of annual leave which may be transferred is 1 hour.
- b. Authority to approve the transfer of annual leave from leave donors outside the leave recipient's employing activity is delegated to the command/activity when both employing activities are within MSC.
- c. Authority to approve the transfer of annual leave from leave donors outside the leave recipient's employing activity is delegated to the command/activity when the leave donor is from an activity belonging to another command, and from outside DON.
- d. Transferred annual leave may be substituted retroactively for periods of leave without pay (*LWOP*) or used to liquidate an indebtedness for advance annual or sick leave

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granted on or after the date designated by the command/activity as the beginning of the medical emergency.

e. The approval and use of transferred annual leave are subject to all the conditions and requirements governing approval and use of annual leave, except that transferred annual leave may be accumulated without regard to the limitations imposed on the accumulation of annual leave.

f. An employee may not directly or indirectly intimidate, threaten, coerce, or attempt to intimidate, threaten, or coerce any other employee for the purpose of interfering with any right such employee may have with respect to donating, receiving or using annual leave under this program.

g. Nonbargaining unit employees whose applications to become leave recipients or donors have been disapproved may grieve the decision using the administrative grievance procedure. Bargaining units employees may seek redress under the terms of the appropriate negotiated grievance procedure.

15. Forms. Enclosures (1), (2) and (3) are available at the command/activity responsible for administering the program.

Distribution:

COMSCINST 5000.19

List I (*Case A, B, C*)

Copy to:

SNDL 41B (*MSC Area Commanders*)

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Attachment 2 to FPM Letter 630-33

Optional Form 630
June 1989
U.S. Office of Personnel
Management
FPM Chapter 630

Leave Recipient Application Under The Voluntary Leave Transfer Program

1. Applicant's Name (<i>Last, First, Middle</i>)		2. Social Security Number		3. Employee Number	
4. Position Title, Pay Plan, and Grade/Pay Level					
5. Name of Organization (<i>Agency, Department, Office, Division, Branch, etc.</i>)				6. Payroll Office 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 the illness.</i>)					
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 that Other Employees May Donate Leave to the Account? <input type="checkbox"/> No <input type="checkbox"/> Yes If "YES," Provide the Description Below.					
<p>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 <input type="checkbox"/> Deciding Official, and Individuals Who Maintain the Program.</p>					
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. Signature of Applicant or Individual Applying on Behalf of the Applicant				Date Signed	
<p>Privacy Act Statement</p> <p>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</p> <p>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 ca:a, is voluntary, but failure to do so may delay or prevent action on the application.</p>					
17. First Level Supervisor's Recommendation, Signature, and Date Signed <input type="checkbox"/> Approve <input type="checkbox"/> Disapprove			18. Deciding Official's Decision. Signature and Date Signed <input type="checkbox"/> Approved <input type="checkbox"/> Disapprove		

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Attachment 3 to FPM Letter 630-33

Optional Form 630-A
June 1989
U.S. Office of Personnel Management
FPM Chapter 630

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.

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, U.S.C., on the date the medical emergency terminates.

I have not 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. 100-556 (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 (<i>Last, First, Middle</i>)		2. Social Security Number	3. Employee Number
4. Position Title, Pay Plan, and Grade/Pay Level			
5. Name of Organization (<i>Agency, Department, Office, Division, Branch, etc.</i>)			
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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Attachment 4 to FPM Letter 630-33

Optional Form 630-B
 June 1989
 U.S. Office of Personnel Management
 FPM Chapter 630

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.

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, U.S.C., on the date the medical emergency terminates.

I have not 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. 100-556 (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.

PART A - TO BE COMPLETED BY LEAVE DONOR

1. Name (<i>Last, First, Middle</i>)		2. Social Security Number	3. Employee Number
4. Position Title, Pay Plan, and Grade/Pay Level		5. Relationship of Leave Donor to Leave Recipient (if any)	
6. Leave Donor's Agency (<i>Agency, Department, Office, Division, Branch, etc.</i>)			
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 (<i>Agency, Department, Office, Division, Branch, etc.</i>)			
11. Leave Donor's Signature		Date Signed	

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

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.

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 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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