

# RECIPIENT'S LEAVE TRANSFER APPLICATION

(Must be typed or printed legibly)

## PART 1 TO BE COMPLETED BY RECIPIENT

### A. IDENTIFYING INFORMATION

1. Name of recipient \_\_\_\_\_ 2. Social security # \_\_\_\_\_  
 3. Position title, series, grade \_\_\_\_\_  
 4. Organization/office \_\_\_\_\_  
 5. Office address \_\_\_\_\_ 6. Office phone # \_\_\_\_\_  
 7. Address during personal emergency \_\_\_\_\_  
 8. Phone # \_\_\_\_\_ 9. Timekeeper's name \_\_\_\_\_ 10. Phone # \_\_\_\_\_  
 11. Office address \_\_\_\_\_

### B. LEAVE INFORMATION AS OF PAY PERIOD:

1. Current annual leave balance \_\_\_\_\_ hours **Do not include advanced leave.**  
 2. Current sick leave balance \_\_\_\_\_ hours  
 3. Hours of LWOP year to date \_\_\_\_\_  
 4. Leave category per pay period  4 hrs.  6 hrs.  8 hrs.  
 5. Anticipated or actual duration of personal emergency:  
 Beginning date \_\_\_\_\_ Ending date \_\_\_\_\_  
 6. Amount of leave requested to be donated: \_\_\_\_\_ hours.  
*(Hours of leave requested must agree with physician's certificate).*

### C. DOCUMENTATION OF THE PERSONAL EMERGENCY

1. Attach a brief description (not to exceed 100 words) of the nature and severity of the personal emergency.
2. Attach other appropriate documentation of personal emergency: in the case of a medical condition, a physician's certificate specifying the medical condition, the prognosis, and anticipated duration of the condition; in other cases, any available documentation, e.g., receipts or family member's medical certificates.
3. Hours of leave requested must agree with physician's certificate.

### D. CERTIFICATION OF RECIPIENT'S REPRESENTATIVE (if applicable)

I, \_\_\_\_\_ am applying on behalf of \_\_\_\_\_ for transferred annual leave. (Attach statement of permission from recipient, immediate family member or other person with power of attorney).  
 Signature \_\_\_\_\_  
 Organization/office \_\_\_\_\_  
 Office phone # \_\_\_\_\_ Fax # \_\_\_\_\_

### E. CERTIFICATION

I certify that I am not receiving unemployment benefits or workers' compensation benefits in connection with the personal emergency for which I am requesting transferred annual leave.  
 I certify that the information on this application is true and correct to the best of my knowledge.  
 Signature \_\_\_\_\_  
 Date \_\_\_\_\_

## PART II: TO BE COMPLETED BY RECIPIENT'S SUPERVISOR

### A. NOTICE OF APPROVAL BY SUPERVISOR/LEAVE APPROVING OFFICIAL

I have reviewed this application for transferred annual leave and  approve  disapprove it. I retain the right to approve or deny the use of transferred annual leave in the same manner as if it were the recipient's accrued leave.

Name \_\_\_\_\_ Title \_\_\_\_\_  
 Signature \_\_\_\_\_ Date \_\_\_\_\_ Office phone # \_\_\_\_\_  
 If disapproved, state reasons for disapproval \_\_\_\_\_

### PRIVACY ACT STATEMENT

Section 6311 of Title 5 of the U.S. Code authorizes collection of this information. The primary use of this information is by management and your servicing personnel office to effect leave transfers, including disclosure, as specified by you, to leave donors. Additional disclosures of the information may be: to the Department of Labor when processing a claim for compensation regarding a job-connected injury or illness; to a state unemployment compensation office regarding a claim; to Federal life insurance or health benefits carriers regarding a claim; to a Federal, state, or local law enforcement agency when the Department becomes aware of a violation or possible violation of civil or criminal law; to a Federal agency when conducting an investigation on you for employment or security reasons; to the Office of Personnel Management or General Accounting Office when the information is required for evaluation of leave administration; and to the General Services Administration in connection with its responsibilities for records management.

Where the employee identification number is your Social Security number, collection of this information is authorized by Executive Order 9397. Furnishing the information on this form, including your Social Security number, is voluntary, but failure to do so may result in disapproval of this request.

### WARNING

False statements made in connection with a request for leave transfer may be the basis for disqualification for participation in the leave transfer program, disciplinary action up to and including removal from the Federal service, criminal prosecution, and liability for the amount of leave dishonestly gained.

Distribute copies to the recipients servicing personnel office, the recipient, the recipient's supervisor and timekeeper.