

CNETINST 12630.4A
Code OS2
05 JAN 2000

CNET INSTRUCTION 12630.4A

Subj: VOLUNTARY LEAVE TRANSFER PROGRAM

Ref: (a) PL 103-103
(b) 5 CFR 630

Encl: (1) Optional Form 630 (A)
(2) Optional Form 630-A (Within Agency) (A)
(3) Optional Form 630-B (Outside Agency) (A)

1. Purpose. To provide policy and guidance on implementing the Voluntary Leave Transfer Program. Requirements to establish and implement this program are covered in references (a) and (b).

2. Cancellation. CNETINST 12630.4

3. Scope. All Naval Education and Training Command activities will establish, monitor, and implement a Voluntary Leave Transfer Program. This program permits federal employees to donate annual leave to other federal employees who need it for family or personal medical emergency situations. Absence from duty without paid leave because of medical emergencies must be (or must be expected to be) at least 24 hours.

4. Delegation of Authority. Commanding officers/activity heads may delegate the responsibility for administering the Voluntary Leave Transfer Program to a Program Administrator.

5. Action

a. Application to Become a Leave Recipient. Complete Optional Form 630 (enclosure (1)) and forward it with a signed physician's certification and a copy of the most recent Leave and Earnings Statement (LES), via the chain of command, to the Program Administrator. Another employee may apply on behalf of an employee who is incapable of making this application.

b. Application to Become a Leave Donor. Complete Optional Form 630-A (enclosure (2)) or 630-B (enclosure (3)) and forward

it and a copy of the most recent LES, via the chain of command, to the Program Administrator.

R)

c. The Program Administrator will:

(1) Notify activity employees when there is a need for leave donors. This requirement may be publicized either in the Plan of the Day/Week, via memo, or e-mail to all employees.

(2) Review applications to determine if applicants meet all requirements of the program and notify them as to the disposition of their application.

(3) Advise leave recipients of their responsibilities.

(4) Notify applicants (donor or recipient) within 10 working days, in writing, if their application is disapproved. Explain the reason for disapproval and advise the applicant that it is a grievable matter under the negotiated grievance procedures or Civilian Personnel Instruction (CPI) 771, as appropriate.

(5) Work with the servicing payroll office to establish procedures to ensure required documentation is maintained for all recipients, donors, and actions taken under the program.

(6) Upon termination of a medical emergency, notify the leave recipient's servicing payroll office in writing. For the purposes of donated leave, a medical emergency is ended when the Program Administrator determines the recipient is no longer affected by the medical emergency, their employment at the activity terminates, or their application for disability retirement is approved.

c. Information

(1) Only annual leave may be transferred. The minimum amount transferable is one (1) hour.

(2) An employee may donate up to one-half of the amount of annual leave he or she would be entitled to accrue during the current leave year. A request to exceed this amount must be submitted as a separate written statement signed by the donor, certifying that he or she is aware that the request exceeds the limitations and describing the reasons for the additional donation.

(3) Donated/transferred leave may be retroactively credited to recipient employees' leave accounts. The record of their time off will be changed to annual or sick leave with pay rather than leave without pay, and the recipient can be reimbursed for missed wages. The donated/transferred leave may also be used to liquidate an indebtedness of previously advanced annual or sick leave.

(4) The recipient must provide documentation at least monthly, or more frequently if requested, to support the continuation of the medical emergency.

(D

6. Records and Reports. The Office of Personnel Management (OPM) or the Chief of Naval Education and Training may require reports to evaluate the effectiveness of the Leave Donor Program. Therefore, activities shall, as a minimum, maintain the following records:

a. Number of employees (by gender, grade, and pay level) who received leave donations for medical emergencies affecting themselves.

b. Number of employees (by gender, grade, and pay level) who received leave donations for medical emergencies affecting a family member.

c. Total amount of transferred annual leave used by each leave recipient.

7. Forms. Optional Forms 630, 630-A, and 630-B are attached as enclosures (1), (2), and (3) and may be reproduced locally.

/S/D. L. BREWER, III
Vice CNET

Distribution (CNETINST 5218.2D):
Lists I through V
SNDL FT74 (NROTCU)

United States Office of Personnel Management
 Workforce Compensation and Performance Service
 Washington, DC 20415

Leave Recipient Application Under The Voluntary Leave Transfer Program

Optional Form 630
 June 1989
 FPM Chapter 630

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.	

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 Deciding Official, and Individuals Who Maintain the Program.

15. Name of Individual Completing the Application <i>(If Applying on behalf of the Applicant)</i>	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

Privacy Act Statement

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 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.

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"/> Approve <input type="checkbox"/> Disapprove
---	--

REPRODUCE LOCALLY

United States Office of Personnel Management
 Workforce Compensation and Performance Service
 Washington, DC 20415

Optional Form 630-A
 June 1989
 FPM Chapter 630

Request to Donate Annual Leave To Leave Recipient (*Within Agency*) Under the Federal Leave Sharing 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 5 U.S.C. §53 on the date the medical emergency terminates.

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.

Privacy Act Statement

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 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 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>)		5A. Servicing Payroll Office Number	
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		9A. Recipient's Employing Agency	
10. Signature		Date Signed	

REPRODUCE LOCALLY

United States Office of Personnel Management
 Workforce Compensation and Performance Service
 Washington, DC 20415

Optional Form 630-B
 June 1989
 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 5 U.S.C. §63 on the date the medical emergency terminates.

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.

Privacy Act Statement

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 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 (<i>if any</i>)	
6. Leave Donor's Agency (<i>Agency, Department, Office, Division, Branch, etc.</i>)			Servicing Payroll Office
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 circumstance 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

REPRODUCE LOCALLY