
MANAGEMENT

VOLUNTARY LEAVE TRANSFER PROGRAM

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PURPOSE This MAPP outlines the policies and procedures for administering the Voluntary Leave Transfer Program in the Center for Drug Evaluation and Research (CDER).

REFERENCES

- FDA Staff Manual Guide 3111.4, Voluntary Leave Transfer Program, August 2, 1996.
 - Title 5, Code of Federal Regulations, Part 630, Subpart I.
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ELIGIBILITY

Employees under the Senior Executive Service (SES), General Schedule (including GM), and Federal Wage System, who are subject to the leave provisions under Title 5 of the United States Code, Chapter 63, Subchapter 1, are eligible to participate in the Voluntary Leave Transfer Program. Commissioned Corps Officers are not eligible to participate in the Voluntary Leave Transfer Program.

DEFINITIONS

- **Voluntary Leave Transfer Program.** A program that allows a federal employee to transfer his/her unused accrued annual leave to another federal employee who needs the leave due to a personal medical or family medical emergency.
- **Medical Emergency.** A medical condition of an employee, or a family member, that requires the employee to be absent from duty for a prolonged period of time resulting in substantial loss of income.
- **Family Member.** The following are considered family members of the employee: (1) spouse, and parents thereof; (2) children, including adopted children and spouses thereof; (3) parents; (4) brothers and sisters, and spouses thereof; and (5) any individual related by blood or affinity whose close association with the employee is the equivalent of a family relationship.
- **Leave Recipient.** A current federal employee who has been approved to receive annual leave from the annual leave accounts of one or more leave donors.

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- **Leave Donor.** A current federal employee who has been approved to transfer an amount of his/her regular or restored annual leave to the annual leave account of a leave recipient.
 - **Personal Representation.** A federal employee or a family member acting on behalf of another federal employee to obtain approval in the Voluntary Leave Transfer Program.
 - **Substantial Loss of Income.** Absence or anticipated absence from duty without available paid leave for at least 24 hours.
 - **Transferred Leave Status.** The time during which an employee is an approved leave recipient in the Voluntary Leave Transfer Program.
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LEAVE RECIPIENTS

- An employee affected by a personal medical or family medical emergency may apply to become a leave recipient of the Voluntary Leave Transfer Program by submitting an FDA Leave Recipient Application (Attachment A). To be eligible as a leave recipient, it must be expected that the potential recipient (full-time employee) will be absent from duty without paid leave for at least 24 hours. For a part-time employee, or an employee with an uncommon tour of duty, at least 30 percent of the average number of work hours in the employee's biweekly schedule would be expected to result in leave without pay (LWOP). The employee does not have to actually use LWOP before he/she can be eligible as a leave recipient. The absence can be consecutive or intermittent hours.
- In determining whether a medical emergency is likely to result in a substantial loss of income, approving officials may not consider factors other than that the absence without paid leave is expected to be at least 24 hours (full-time employee) or at least 30 percent of the average biweekly work hours (part-time employee).
- Full-time employees may use up to 40 hours of his/her own sick leave per leave year **for family care and bereavement purposes**. An additional 64 hours may be used provided the employee maintains a balance of at least 80 hours of sick leave. For part-time employees, or employees with uncommon tours of duty, the amount of regular sick leave to be used for these purposes is prorated. The above-mentioned regular sick leave is considered as available paid leave (in addition to other available paid leave) in determining an employee's eligibility to become a leave recipient. If applicable, the 104 hours (full-time employees) or

prorated amount (part-time employees) must be used before the donated leave is available for the recipient's use. Once the employee is in transferred leave status, any regular accrued sick leave goes into a separate account and is subject to the 40 hour maximum limitation. See the ACCRUAL OF ANNUAL AND SICK LEAVE section for additional information.

- If the employee is incapable of applying as a leave recipient, another federal employee or a family member may apply on his/her behalf (personal representation).
- Any applicant applying to be a leave transfer recipient shall be notified as to the approval or disapproval of their application within 10 work days (excluding Saturday, Sunday and legal holidays) from the date the application was received by the immediate supervisor. Refer to Responsibilities for the Immediate Supervisor, Program Specialist and the CDER Coordinator.
- Once an employee is approved as a leave recipient, donations of annual leave may begin. However, an approved leave recipient may not use donated leave until he/she has exhausted all of his/her own existing paid leave (annual leave, sick leave if appropriate, compensatory time, and credit time).
- A potential leave recipient must apply for donated leave within 30 workdays after the end of the medical emergency to be eligible for retroactive coverage to the beginning of the medical emergency.
- Donated annual leave may be substituted retroactively for periods of LWOP or to liquidate advanced annual or sick leave granted to an approved leave recipient to cover absences during a personal medical or family medical emergency. The approved leave recipient will decide how the donated leave is used.
- In the event that there are no identified leave donors or the amount of leave donated does not cover the leave recipient's absence, the leave recipient may request that an announcement (via electronic mail) to solicit leave donors be made to all CDER employees. The announcement will contain the recipient's name, grade, organization, estimated number of hours needed, and timekeeper information (e.g., timekeeper number and timekeeper's name and phone number). Leave recipients may request that additional information be included in the announcement, including the general nature, severity, and duration of the emergency.

ACCRUAL OF ANNUAL AND SICK LEAVE

- Once a leave recipient begins using donated leave, he/she continues to accrue annual and sick leave of up to 40 hours in each category regardless of whether it is a personal medical or family medical emergency (part-time employees, or employees with an uncommon tour of duty, accrue the average number of hours of work in the employees weekly scheduled tour of duty.). Once 40 hours are accumulated in each leave category, the accumulation stops, even if the medical emergency still exists (The accumulation does not stop on the leave recipient's pay stub, rather, the recipient's timekeeper keeps a manual record of the current balance.). The 40 hours of annual leave and sick leave accrued by the leave recipient while in transferred leave status will be kept in a separate leave account (Attachments B and C) and is not available for use until the first pay period after the end of the medical emergency. **Exception:** When all donated leave is exhausted, the leave recipient may use the leave from the separate account. However, once the 40-hour maximum is accrued (weekly for part-time), the recipient may not replenish any leave borrowed.
- A leave recipient who returns to work on a part-time schedule while still in a medical emergency situation, will earn regular annual and sick leave on a prorated basis. This accrued regular leave must be used before the donated leave is used.
- If an employee who is in transferred leave status separates from the federal government, the separate 40 hour annual leave and sick leave accruals will not be credited to the employee.
- Upon termination of a personal medical or family medical emergency, unused donated leave will be restored to the leave donor(s). The donated leave will not be restored in the event a leave donor retires, dies, or separates from the federal government before the date in which the donated leave can be restored. (See RESTORING DONATED ANNUAL LEAVE section.)

LEAVE DONORS

- An employee wishing to be a leave donor will voluntarily submit an FDA Donor Request For Authorization to Transfer Annual Leave (Attachment D) to transfer a specific number of hours of his/her accrued annual leave to the annual leave account of a designated leave recipient.

- An employee may donate restored annual leave from previous leave years to the annual leave account of a designated leave recipient.
 - A leave donor may only donate accrued annual leave in increments of one hour or more.
 - A leave donor may not donate leave that has not been earned.
 - A leave donor may not donate annual leave to his/her immediate supervisor.
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DONATION LIMITATIONS

- Unless a waiver is requested and approved, a leave donor may not donate more than half of the amount of annual leave he/she would be entitled to accrue during the leave year in which the donation was made. This limitation applies regardless of whether the leave is donated consecutively or intermittently during the leave year. See the WAIVING DONATION LIMITATIONS section below for further information.
 - Without a waiver, a leave donor who is projected to have annual leave that otherwise would be forfeited at the end of the leave year may not donate more than the lesser of: (1) half the amount of annual leave that he/she would be entitled to accrue during the leave year in which the donation is made; or (2) the number of work hours remaining in the leave year (as of the date of the leave transfer) for which he/she is scheduled to work and receive pay.
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WAIVING DONATION LIMITATIONS

- A leave donor must request a waiver in writing to donate more leave than what is stipulated in the DONATION LIMITATIONS section above. A waiver will allow leave donors to donate any amount of accrued annual leave. The waiver request may be submitted when the request to donate leave is initiated, or at any time during the leave year if the donor wishes to exceed the limited amount.
- The waiver request must describe any unusual circumstances that warrant waiving the donated leave limitations. Such circumstances may include, but are not limited to the following: (1) the donor is a family member of the leave recipient; (2) the amount of leave donated is not sufficient to cover the

emergency; and (3) the nature of the medical emergency and the desire for minimal publicity provides more hours from fewer donors.

- The Deputy Director, Office of Management, is delegated the authority to approve requests to waive donation limitations.
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LEAVE DONATIONS FROM OTHER AGENCIES

Annual leave may be donated from another federal agency only when: (1) a family member works in another federal agency and requests the transfer of annual leave to the leave recipient; or (2) a sufficient number of annual leave hours is not donated from the employees of the leave recipient's agency. In such cases, the leave donor's agency will notify the CDER Voluntary Leave Transfer Program Coordinator in writing of the amount of leave to be donated.

LEAVE DONATIONS TO OTHER AGENCIES

- Annual leave may be donated to another federal agency by completing Optional Form 630-B, Request to Donate Annual Leave to Leave Recipient (Outside Agency) Under the Leave Transfer Program (Attachment E). A copy of the leave donor's Application for Leave (SF-71) and Time and Attendance Record (PHS-6382) must be attached to Optional Form 630-B.
 - The immediate supervisor must verify that the leave donor has available leave to donate and determine that the amount of leave to be donated does not exceed the provisions in the DONATION LIMITATIONS section listed above.
 - All requests to donate annual leave to a leave recipient in another Agency must be forwarded to the CDER Voluntary Leave Transfer Program Coordinator for completion of Part B of the Optional Form 630-B. The Coordinator will notify the other Agency in writing of the amount of donated leave to be credited to the leave recipient's annual leave account.
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DOCUMENTING DONATED LEAVE

Transactions to donate annual leave must be documented on the leave donor's Application for Leave (SF-71), Time and Attendance Report (HHS-402), and the

Administrative Time and Leave Record (PHS-6382). In addition, the use of donated leave is recorded on the leave recipient's HHS-402 and PHS-6382 and/or manual log.

1. All entries on the **SF-71** are self-explanatory except the following:
 - a. Item 4-C. Enter the number of hours to be donated;
 - b. Item 5. Select the annual leave block; and
 - c. Item 6. Enter "Annual leave donated to (*name and timekeeper number of the recipient*)".

2. The **HHS-402** is used to record the leave donor's donation and to record the donated leave used by leave recipients. If an employee is donating restored leave, a Restored Leave Record (Attachment F), issued by the Payroll Liaison Branch in the Division of Accounting, Office of Financial Management, FDA, replaces the HHS-402.
 - a. Recording the leave donor's donation.
 - i. The leave donor's timekeeper enters the annual leave amount donated in the "Total Hours Absent-Annual" block and enters in the Remarks section, "Annual leave charged per donation to (*enter name of leave recipient*)".
 - ii. If the leave donor uses annual leave during the same pay period that the donated leave deduction is to be made, the total leave used plus the donated amount are entered in the "Total Hours Absent-Annual" block. In this case, the timekeeper enters in the Remarks section, "The annual leave charged includes (*cite the number of hours*) hours of annual leave donated to (*enter name of recipient*)."
 - iii. If an employee uses and/or donates more than a total of 80 annual leave hours in a pay period, the amount of donated leave in excess of 80 hours must be charged on the timecard for the next pay period. Depending on the situation, the information entered in the Remarks section would be the same as 2.a.i) or 2.a.ii) above.

- b. Recording donated leave used by the recipient. The number of donated leave hours used by the recipient is recorded in the "regular" hours accounting block (not the leave block) of the HHS-402. The recipient's timekeeper enters in the Remarks section, "The regular hours to be paid include the use of *(number of donated leave hours used)* hours of donated leave."
3. The **PHS-6382** is used by the leave recipient's timekeeper to ensure complete and accurate accounting of the recipient's donated leave on a biweekly (pay period) basis. The number of donated leave hours used is entered in the daily blocks followed by "da" (abbreviation for donated annual), e.g., 8da.

The leave recipient's timekeeper may use the employee's PHS-6382 or a **manual log** (Attachments G and H) to:

- a. Record the receipt of SF-71s and the total number of hours of annual leave donated;
- b. Record the amount of donated annual leave used each pay period;
- c. Record additional donated annual leave received during the entire period that the recipient is in donated leave status; and
- d. Provide information on the recipient's donated leave balance for leave that is to be restored to the leave donor(s) when the medical emergency has terminated.

A separate PHS-6382 may be used to record regular annual and sick leave earned by the leave recipient in compliance with the 40-hour maximum accumulation limitation. Refer to the ACCRUAL OF ANNUAL AND SICK LEAVE section above for additional information.

4. A **leave correction card (HHS-657)** is used to restore unused donated leave to leave donors. The CDER Voluntary Leave Transfer Program coordinator prepares a leave correction card to adjust the hours (charged on the HHS-402) originally reflecting the donation. The coordinator enters the correct number of annual leave hours to be restored on the HHS-657, and in the Remarks section notes the option

selected by the employee (see the RESTORING DONATED ANNUAL LEAVE section for a list of options).

RESTORING DONATED ANNUAL LEAVE

- The Voluntary Leave Transfer Program Coordinator is responsible for coordinating all restorations of donated annual leave.
- Upon termination of the medical emergency, unused donated annual leave will be restored to the leave donor(s), provided the donors are currently employed by the federal government. The following is the formula for calculating restored donated leave:

1. Divide the number of unused annual leave hours by the total number of annual leave hours donated by all leave donors.

Example:

Hours donated	100
Hours used	80
Hours to be restored	20
Number of leave donors	6

20 hours ÷ 100 hours = .2 ratio

2. Multiply the ratio obtained in 1. above by the number of annual leave hours donated by each leave donor eligible for restoration.

Example:

Leave Donor	Hours Donated		Ratio		Hours to be returned
1	25	X	.2	=	5
2	25	X	.2	=	5
3	20	X	.2	=	4
4	10	X	.2	=	2
5	10	X	.2	=	2
6	10	X	.2	=	2
					20

3. Round the result in 2. above to the nearest increment designated by the leave donor's employing center/agency to account for annual leave (1/4 hour for CDER and FDA).
 4. If the total number of eligible leave donors exceeds the total number of annual leave hours to be restored, none of the unused donated leave will be restored (the leave is lost). The amount of annual leave restored to a leave donor must never exceed the amount that he/she donated.
- The leave donor may select one of the following options to restore unused donated leave to his/her annual leave account:
 1. Credit the restored leave to the donor's leave account for the current leave year.
 2. Credit the restored leave to the donor's annual leave account at the beginning of the next leave year.
 3. Donate the restored leave in whole or in part to another leave recipient. If the leave donor elects to donate only part of the restored leave to another leave recipient, the remaining leave may be credited to the donor's annual leave account under 1. and 2. above.

Donated annual leave restored to a leave donor's account under 1. and 2. above is subject to "use or lose" limitations at the end of the leave year in which the leave is restored.

RESPONSIBILITIES

The potential leave recipient:

- To be eligible for retroactive coverage from the beginning of the medical emergency, applies for donated leave within 30 workdays after the end of the medical emergency.
- Provides a doctor's statement certifying the beginning and the duration of the medical or family medical emergency and attaches the statement to the FDA Leave Recipient Application (Attachment A).
- Completes an FDA Leave Recipient Application and submits it to the immediate supervisor.

The immediate supervisor of the potential leave recipient:

- Reviews the FDA Leave Recipient Application, recommends approval/disapproval and forwards it to the appropriate Program Specialist within 3 days to ensure the 10-day notification requirement is met.
- Immediately notifies the applicant of the approval or disapproval by forwarding the signed application from the Center's approving official to the applicant.

The program specialist of the leave recipient:

- Reviews the FDA Leave Recipient Application to ensure that all necessary documentation is present. Forwards the application to the CDER Voluntary Leave Transfer Program Coordinator within 3 days to ensure the 10-day notification requirement is met.
- Ensures that the HHS-402 is properly documented for use of donated leave by the approved leave recipient.

The leave recipient's timekeeper:

- Maintains the leave recipient's 40-Hour Separate Leave Account Log (Attachments B and C).
- Records donated leave used by the leave recipient on the HHS-402. See the DOCUMENTING DONATED LEAVE section for instructions.
- Uses a PHS-6382 or a manual log (Attachments G and H) to ensure complete and accurate accounting of the leave recipient's donated leave on a biweekly basis. See the DOCUMENTING DONATED LEAVE section for instructions.

The potential leave donor:

- Ensures that the amount of leave to be donated does not exceed the provisions in the DONATION LIMITATIONS section listed above.
- Completes an SF-71 and an FDA Donor Request For Authorization to Transfer Annual Leave (Attachment D), attaches a copy of the PHS-6382, and submits them to the immediate supervisor.

The immediate supervisor of the potential leave donor:

- Reviews requests to donate annual leave, verifies that the leave donor has available leave to donate, and determines that the amount of leave to be donated does not exceed the provisions in the DONATION LIMITATIONS section listed above.
- Notifies the leave donor of problems with the proposed donation and explains possible solutions (e.g., waiving donation limitations).
- Approves/disapproves the leave donation by signing the FDA Donor Request for Authorization to Transfer Annual Leave (Attachment D) and the SF-71, and forwards the original donation package, with a copy of the approved SF-71 and a copy of the PHS-6382, to the appropriate program specialist.
- Forwards the original SF-71 to the leave donor's timekeeper.

The program specialist of the leave donor:

- Reviews the FDA Donor Request for Authorization to Transfer Annual Leave to ensure that all necessary documentation is present and forwards the request to the CDER Voluntary Leave Transfer Program Coordinator.
- Ensures that the HHS-402 properly documented for donation of leave by the approved leave donor and forwards a copy of the HHS-402 to the CDER Voluntary Leave Transfer Program Coordinator.

The leave donor's timekeeper:

- Retains the leave donor's original SF-71.
- Uses the SF-71 as a basis for deducting donated annual leave from the leave donor's account and records the deduction on the HHS-402 or on the Restored Leave Record (Attachment F). See the DOCUMENTING DONATED LEAVE section for instructions.

The CDER Voluntary Leave Transfer Program coordinator:

- Receives the FDA Leave Recipient Application from the program specialist, reviews the application for completeness and eligibility requirements, prepares the approval package, and forwards the package to the Deputy Director, Office of Management, for approval/disapproval.

- Forwards the signed approval/disapproval package to the applicant through the applicant's supervisor within 3 days of receipt of the application. A copy of the package is sent to the appropriate program specialist.
- Notifies approved leave recipients that leave donors may request the transfer of donated leave to the leave recipient's account.
- Notifies disapproved leave recipients of the disapproval and the reasons for the disapproval and advises the employee of his/her options to have the disapproval reviewed by the department or procedures on filing a grievance or an Equal Employment Opportunity (EEO) complaint.
- At the leave recipient's request, sends an announcement (via electronic mail) to all CDER employees to solicit leave donors. The announcement will contain the recipient's name, grade, organization, and the duration of the absence. Leave recipients may request that additional information be included in the announcement, including the general nature, severity, and duration of the emergency.
- Calculates unused donated annual leave to be restored to the leave donor(s), and sends a memorandum to the leave donor notifying him/her of the amount of unused donated leave and identifying the restored leave options. Refer to the RESTORING DONATED ANNUAL LEAVE section for restored leave options.
- Prepares an HHS-657 to restore unused donated leave to leave donors. See the DOCUMENTING DONATED LEAVE section for instructions.
- Reports Center activity on the Voluntary Leave Transfer Program to the agency (generally annually).

The Deputy Director, Office of Management:

- Approves/disapproves requests to participate as a leave recipient in the Voluntary Leave Transfer Program.
 - Approves/disapproves leave donors' requests to waive donation limitations.
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REPORTING REQUIREMENTS

The CDER Voluntary Leave Transfer Program Coordinator is responsible for reporting Center Program activity to the Agency (Attachment I). Requests from the agency are generally made on an annual basis.

APPROVAL AUTHORITIES

- The Deputy Director, Office of Management, is delegated the authority to approve/disapprove requests to participate as a leave recipient in the Voluntary Leave Transfer Program, as well as approve/disapprove requests made by leave donors to waive donation limitations.
 - Immediate supervisors have the authority to approve/disapprove requests to donate leave.
-

EFFECTIVE DATE

This MAPP is effective upon date of publication.

Attachment A

Food and Drug Administration
 Leave Recipient Application Under the
 Voluntary Leave Transfer Program

1. Applicant's Name (Last, First, Middle)	2. Social Security Number	3. Timekeeper Number
4. Position Title, Pay Plan, and Grade/Pay	5. Male Female	

6. Organization
 (Center/Office, Division, Branch, Section, etc.)

7. Nature and Severity of Medical Emergency

8. Individual Affected by Medical Emergency <input type="checkbox"/> Employee <input type="checkbox"/> Employee's Family Member	9. Date Medical Emergency Began	10. Date Medical Emergency Ended (or is expected to end)
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11. Name of Physician, Address, and phone number including area code who will verify the Medical Emergency (Attach documentation from the physician showing the diagnosis, prognosis, and duration of illness)

12. Does the applicant want a description of the medical emergency distributed to personnel offices so that other employees may donate leave to the account?

Yes No if 'Yes' provide the description below

Check if 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

13. What are the applicant's leave balances as of the end of last pay period? _____ Annual _____ Sick

14. How many hours of leave without pay have been used for this medical emergency to date?

15. Name of individual completing the application (if applying on behalf of the applicant)	Relationship to applicant	Telephone Number ()
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16. I certify that the above statements are true and complete to the best of my knowledge.

Signature _____ Date Signed _____

Originator: Division of Management Services, Office of Management
 11/7/97

Attachment A (cont.)

PRIVACY ACT STATEMENT

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 Federal, State and local law enforcement agencies 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 application.

17. Immediate Supervisor:

Record date of receipt: _____

Recommendation: _____ Approval _____ Disapproval

Comments:

Signature of Immediate Supervisor

18. Program Specialist:

Initials _____ Date of Receipt _____

19. Approving Official:

Record date of receipt: _____

_____ Approved _____ Disapproved

Comments:

Signature of Approving Official

Attachment:
PHS-6382, Administrative Time & Leave Record
Physician Documentation

Originator: Division of Management Services, Office of Management
11/7/97

Attachment B

40-HOUR SEPARATE LEAVE ACCOUNT LOG

Name of Recipient:
 Position Title:
 Series and Grade:
 Organization:
 Social Security Number:

ANNUAL LEAVE																			
Pay Period (PP)																			
Balance from Previous PP																			
Accrued Leave This PP																			
Balance																			

SICK LEAVE																			
Pay Period (PP)																			
Balance from Previous PP																			
Accrued Leave This PP																			
Balance																			

Attachment C

SAMPLE
40-HOUR SEPARATE LEAVE ACCOUNT LOG

Name of Recipient:
Position Title:
Series and Grade:
Organization:
Social Security Number:

ANNUAL LEAVE																				
Pay Period (PP)	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
Balance from Previous PP				0	6	12	18	24	30	36										
Accrued Leave This PP				6	6	6	6	6	6	4										
Balance				6	12	18	24	30	36	40										

SICK LEAVE																				
Pay Period (PP)	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
Balance from Previous PP				0	4	8	12	16	20	24	28	32	36							
Accrued Leave This PP				4	4	4	4	4	4	4	4	4	4							
Balance				4	8	12	16	20	24	28	32	36	40							

Attachment D

Food and Drug Administration
Donor Request for Authorization to Transfer Annual Leave

Part 1 - Donor Request

I would like to donate _____ hour(s) of my accrued annual leave (AL) to the leave account of _____ (recipient's name). Attached is a completed form SF-71 (Application for Leave) and a copy of my PHS-6382 (Administrative Time and Leave Record). My donation is strictly voluntary.

My signature below indicates that I understand and agree that:

- I have already accrued the leave being transferred and it is not in excess of one half of the leave that I will earn during the current leave year. In addition, any "use or lose" annual leave that I am donating does not exceed the amount of hours left in my regular tour of duty for the leave year, and I would have ample time to use the annual leave myself if I were not donating it. I understand the above limitations may be waived with a written request to my leave approving official. I have been counseled and understand the consequences of donating more than half my accrued leave (if waived).
The employee to whom I wish to donate annual leave has been approved as a leave transfer recipient.
After my leave donation has been charged against my account, it is irrevocable and cannot be withdrawn. If the specified recipient's emergency ends before all donated leave is used, the balance will be returned on a prorated basis to those donors still employed by DHHS, if administratively feasible.

Signature of Donor

Office/Center, Division, Branch, Section

Position Title, Series, and Grade

Timekeeper Number

Social Security Number

()
Timekeeper Name and Phone Number

Part 2 - Leave Recipient Information:

Name of Recipient:

Social Security #:

Position Title, Series, and Grade:

Organization:
(Office/Center, Division, Branch, Section)

Timekeeper:
Name Phone # TK#

Attachment D (cont.)

Part 3 - Approval/Disapproval

Immediate Supervisor:

I certify that I am not the recipient of this donated leave. I have verified the information presented above by the donor, and he/she is eligible to donate to the recipient the amount of annual leave indicated.

Approved

Disapproved*

Position Title

Signature

() _____
Telephone Number

*If disapproved attach memo explaining reason for disapproval.

Attachments:

- SF-71, Application for Leave
- PHS-6382, Administrative Time and Leave Record
- HHS-402, Time and Attendance Report
- Restored Leave Record (if appropriate)
- Explanation for denial (if appropriate)

PRIVACY ACT STATEMENT

Donor Request for Authorization to Transfer Annual Leave

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 Federal, State and local law enforcement agencies 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. 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.

Attachment E

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

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.

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 understand that my decision to transfer leave is not revocable. If a sufficient balance of unused leave remains after the recipient's medical

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. 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 (Last, First, Middle)	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 (Agency, Department, Office, Division, Branch, etc)		
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 (Agency, Department, Office, Division, Branch, etc.)		
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 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

Originator: Division of Management Services, Office of Management
11/7/97

Attachment F

RESTORED LEAVE RECORD

Leave Year _____

PART A	Employee Name: _____ SSN: _____ Amount of Timekeeper: _____ Leave Restored _____ Date Restored _____ Expiration Date for Use of Restored Leave-End of _____ Leave Year. Certified By: _____				
PART B	Dates Leave Used (From - To)	Hours of Leave Used	Restored Leave Balance	Employee Initials	Supervisor Initial

Attachment G

MANUAL LOG

(For keeping track of leave donated to and used by a leave recipient)

Name of Recipient:
 Position Title:
 Series and Grade:
 Organization:
 Social Security Number:

Pay Period (PP)																			
(1) Balance from Previous PP																			
(2) Leave donated during PP																			
(3) Total donated leave available																			
(4) Amount used during PP																			
Balance																			

Instructions:

1. Enter the amount of unused donated leave, if any, from the previous pay period.
2. Enter the total amount of annual leave donated during the pay period as verified on the SF-71.
3. Total the amount on line (1) and the amount on line (2).
4. Enter the amount of donated leave used during the pay period.
5. Subtract the amount on line (4) from the amount on line (3).

NOTE: Copies of all SF-71s should be kept with this Manual Log.

Attachment H

**SAMPLE
MANUAL LOG**

(For keeping track of leave donated to and used by a leave recipient)

Name of Recipient:
 Position Title:
 Series and Grade:
 Organization:
 Social Security Number:

Pay Period (PP)	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
(1) Balance from Previous PP	-	-	-	-	22	32	18	64												
(2) Leave donated during PP				96	84	60	120	24												
(3) Total donated leave available				96	106	92	138	88												
(4) Amount used during PP				74	74	74	74	74												
Balance				22	32	18	64	12												

Instructions:

1. Enter the amount of unused donated leave, if any, from the previous pay period.
2. Enter the total amount of annual leave donated during the pay period as verified on the SF-71.
3. Total the amount on line (1) and the amount on line (2).
4. Enter the amount of donated leave used during the pay period.
5. Subtract the amount on line (4) from the amount on line (3).

NOTE: Copies of all SF-71s should be kept with this Manual Log.

Attachment I

**Voluntary Leave Transfer Program
Activity Report**

Name of Agency:	Date Prepared:
Name of Official Preparing Report:	Telephone # (with area code)
1. When was the voluntary leave transfer program implemented in your agency?	2. How many applications from leave recipients were received from the time the program was implemented until April 30, 1990?
3. How many applications were approved during this period?	4. How many applications were denied during this period?
5. Of the applications approved, how many medical emergencies: affected the employee? affected employee's family?	6. What was the average grade or pay level of employees who donated leave during this period?
7. How many of the leave recipients were: Male? Female?	8. What was the average grade or pay level of employees who donated leave during this period?
9. What was the total number of hours transferred to leave recipients during this period? ⁶⁵	10. What is the total number of hours used by leave recipients during this period?
11. How many leave recipients returned to work after the emergency was resolved?	12. How many leave recipients retired under disability retirement within 6 months after their participation in the program terminated?
13. What was the estimated cost of: a. Processing leave transfer requests? \$	b. Transferring leave between donors and recipients? \$
c. Monitoring the use of transferred leave? \$	d. Restoring unused leave to donors? \$
e. Other administrative costs, excluding "start-up costs"? \$	f. Development of internal procedures ("start-up costs") \$
14. In general, why were leave transfer requests denied?	
15. In general, what factors support the success of the program?	
16. What factors detract from the success of the program?	

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