



DEPARTMENT OF THE ARMY
US ARMY INSTALLATION MANAGEMENT COMMAND
HEADQUARTERS, UNITED STATES ARMY GARRISON, FORT LEE
3312 A AVENUE, SUITE 208
FORT LEE VA 23801

REPLY TO
ATTENTION OF:

IMLE-ZA

FORT LEE POLICY NO. 10-13
26 September 2013

MEMORANDUM FOR SEE DISTRIBUTION

SUBJECT: Voluntary Leave Transfer Program (VLTP), Non-Appropriated Funds (NAF)

1. **Reference.** AR 215-3, Non Appropriated Funds Personnel Policy, 29 August 2003.
2. **Purpose.** To set forth guidance and procedures for the NAF Voluntary Leave Transfer Program.
3. **Scope.** This policy applies to all Non-Appropriated Fund employees serviced by the Fort Lee Civilian Personnel Advisory Center (CPAC).
4. **Policy.** Commanders are authorized to establish a Voluntary Leave Transfer Program. This program permits Army NAF regular employees to donate annual leave to other Army NAF Employees for documented medical emergency situations. A medical emergency means a medical condition of an employee or a family member (to include any individual related by blood or affinity whose close association with the employee is the equivalent of a family relationship) that is likely to require an employee's absence from duty for a prolonged period of time, and will result in a substantial loss of income to the employee because of the unavailability of paid leave.
5. **Eligibility.** Regular employees must make written application to become a leave recipient. If employees are not capable of making application on their own behalf, a personal representative of the potential leave recipient may make written application for the employee.
6. **Application to become a Leave Recipient.**
 - a. Each application shall be accompanied by the name, position title, and grade or pay level of the potential leave recipient.
 - b. The reasons why transferred leave is needed, including a brief description of the nature, severity, and anticipated duration of the medical emergency and, if it is a recurring one, the approximate frequency of the medical emergency affecting the potential leave recipient.
 - c. Certification from one or more physicians, or other appropriate experts, with respect to the medical emergency, or any additional information that may be required to support the request.

7. Approving Official.

- a. The approving official is Mr. Paul Heilman, Director, DFMWR, 804-734-7199.
- b. The approving official will notify the leave recipient in writing within 10 workdays whether or not the application has been approved. Reasons for any disapproval will also be provided to the employee in writing.
- c. Once the medical emergency is recognized, it is important to monitor the status of the emergency to ensure that the leave recipient continues to be affected by the emergency.

8. Leave Transfer Recipient Conditions:

- a. A regular employee may submit a voluntary written request to specify a number of hours of accrued annual leave to be transferred from their leave account to the annual leave account of an approved leave recipient.
- b. Annual leave may be transferred to an approved leave recipient employed in an Army NAF position.
- c. All leave donated will be converted to a dollar amount by multiplying the hours donated by the hourly rate of pay of each donor. The total amount is then divided by the hourly rate of the recipient to determine the number of hours of donated leave to be credited.
- d. The servicing payroll office will then be informed in writing by the servicing CPAC/NAF-CPU of the hours to be taken from each donor and the hours to be credited to the leave recipient.
- e. The leave, once transferred, becomes available to the leave recipient for retroactive application for periods of LWOP, to liquidate an indebtedness for advanced sick leave or annual leave granted as a result of the medical emergency, and for usage in the same manner, and for the same purposes as if it had been accrued by the individual.

9. Leave Transfer Donator Conditions:

- a. In any one leave year, a leave donor may donate no more than a total of one-half of the amount of annual leave accrued during the leave year in which the donation is made. Additionally, an employee cannot donate more leave than the current balance available at time of donation. Use or lose annual leave in excess of the maximum above may be donated.

IMLE-ZA

SUBJECT: Voluntary Leave Transfer Program (VLTP), Non-Appropriated Funds (NAF)

b. Annual leave may be transferred from one installation employee to another. If an approved leave recipient exhausts all donated leave at the installation level, the NAF-CPU may request assistance from the Civilian Human Resources Agency (CHRA) NAF Human Resources Division for leave donations at the regional level. If the leave recipient exhausts all donated leave at the regional level, the CHRA NAF Human Resources Division may request assistance from the Deputy Chief of Staff, G-1, ATTN: DAPE-CP-NAF for Army-wide donations for the approved leave recipient.

10. **Termination of Medical Emergency.** If the employee's medical emergency terminates, the amount of unused leave previously credited will remain in the recipient's leave account. However, no further donation of leave will be credited beyond the termination date of the emergency.



PAUL K. BROOKS
COL, LG
Commanding

Encls

DISTRIBUTION:

All DFMWR Organizations serviced by the Fort Lee CPAC

APPLICATION
POTENTIAL LEAVE RECIPIENT

1. NAME: _____ SSN: _____

2. POSITION TITLE: _____

3. GRADE OR PAY LEVEL: _____

4. PAY PER HOUR: _____

5. ACTIVITY: _____

6. Reasons why transferred leave is needed (Brief description of the nature and severity):

7. Anticipated Duration of Medical Emergency. (If recurring medical emergency anticipated, list approximate frequency of the medical emergency affecting the potential leave recipient):

8. Attached is certification from one or more physicians, or other appropriate experts with respect to the medical emergency or any additional information that may be required to support the request.

LEAVE RECIPIENT DATE

LEAVE RECIPIENT'S SUPERVISOR/DATE

NAF DFMWR APPROVAL AUTHORITY USE ONLY

Your application to be a leave recipient is approved.

Your application to be a leave recipient is disapproved for the following reason(s):

PAUL A. HEILMAN
Director, DFMWR

MEMORANDUM FOR NAF DFMWR Office

SUBJECT: Leave Donor Application

1. I wish to transfer _____ hours of annual leave from my annual leave account to the annual leave account of Leave Recipient _____. I understand that the leave I volunteer to transfer will be transferred effective the beginning of the first pay period after the receipt of this authorization by the Central NAF Financial Services, Texarkana, TX. I affirm that this leave is given freely without any promise of benefit or of being threatened by reprisal if I fail to make this donation.

2. I AUTHORIZE/DO NOT AUTHORIZE (please circle) release of my name as a donor in the Leave Transfer Program.

3. I understand that leave, once transferred, becomes available to the leave recipient for retroactive application for periods of leave without pay (LWOP), to liquidate an indebtedness for advance sick or annual leave granted as a result of the medical emergency and for usage in the same manner and for the same purposes as if it had been accrued by the individual.

4. I understand that if I am approved as a leave donor I may donate no more than a total of one-half of the amount of the annual leave I would be entitled to accrue during the leave year in which the donation is made. Further, I understand that I cannot donate more leave than my current balance at the time of donation.

(Print Name of Leave Donor)

Signature of Leave Donor

Social Security Number

Organization

Position Title/Grade

Hourly Rate of Pay

Request APPROVED/DISAPPROVED

NAF HUMAN RESOURCES OFFICER DATE

DATA REQUIRED BY THE PRIVACY ACT OF 1974 – AUTHORITY: Title 10 U.S. Code, Section 3012. PRINCIPAL PURPOSE(S): Your SSN is required to verify the identity of the donor, and to avoid errors in identifying leave accounts. ROUTINE USE(S): Personal information will be safeguarded and only used as indicated herein. MANDATORY OR VOLUNTARY DISCLOSURE AND EFFECT ON INDIVIDUAL NOT PROVIDING INFORMATION: Voluntary. Failure to provide the requested data will delay the processing of this request.

NAF DFMWR OFFICE APPROVAL AUTHORITY	
LEAVE DONOR APPLICATION HAS BEEN APPROVED FOR: _____	
SIGNED: _____	
FORWARDED TO NAF HRO: DATE: _____	

NAF HUMAN RESOURCE OFFICE APPROVAL & CENTRAL NAF FINANCIAL SERVICES USE ONLY:	
_____	Number of hours of annual leave donated multiplied by _____ (hourly rate of pay of donor) = _____ dollar amounts of annual leave donated.
_____	Dollar amounts of leave donated divided by _____ (hourly rate of pay of recipient) = _____ hours of annual leave to be credited to recipient's annual leave account.