

# Voluntary Leave Transfer Program Donor Application

U.S. Department of Housing and Urban Development

Instructions: Use this form to request the transfer of earned annual leave to an approved leave recipient under P.L. 100-566. You may not donate leave to your first or second line supervisors. After completion, forward this form to your Servicing Personnel Office (SPO).

**Part 1.**  
Completed by Donor

|                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                          |  |  |  |  |  |  |  |  |  |  |  |
|----------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|--|--|--|--|--|--|
| 1. Name of Donor: (last, first, middle initial)                                        | 2. Social Security Number (last 4 digits):                                                                                                                                                                                                                                                                                                                                                                               |  |  |  |  |  |  |  |  |  |  |  |
| 3. Office Telephone Number:                                                            | <table border="1" style="width:100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td> </tr> </table> |  |  |  |  |  |  |  |  |  |  |  |
|                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                          |  |  |  |  |  |  |  |  |  |  |  |
| 4. Organizational Location: (e.g. Headquarters, Office of Housing, or Hartford Office) |                                                                                                                                                                                                                                                                                                                                                                                                                          |  |  |  |  |  |  |  |  |  |  |  |
| 5. Name of Master Timekeeper:                                                          | 6 Telephone Number of Master Timekeeper:                                                                                                                                                                                                                                                                                                                                                                                 |  |  |  |  |  |  |  |  |  |  |  |
| 7. Name of First Line Supervisor:                                                      | 8. Name of Second Line Supervisor:                                                                                                                                                                                                                                                                                                                                                                                       |  |  |  |  |  |  |  |  |  |  |  |

You may not transfer more than one-half of the annual leave you will earn during this leave year unless a waiver is approved. (See HUD Handbook 600.3, Paragraph 7, for waiver criteria.) If you are requesting a waiver, your request should be attached to this application form.

If you will be employed full-time by the Federal Government for the full leave year, the limits are as follows:

- **52 hours** for employees in the **4-hour** leave earning category;
- **80 hours** for employees in the **6-hour** leave earning category; or
- **104 hours** for employees in the **8-hour** leave earning category.

If you are a part-time employee or if you will not be employed for the full calendar year, you may compute your transfer limit using the appropriate formula below:

• Limit for part-time employee =  $\frac{13 \times \text{Duty hours in Pay Period}}{80}$  x leave earnings category

• Limit for part-year employee =  $\frac{\text{Number of Pay Periods to be worked}}{2}$  x leave earnings category

|                        |                                 |                                                    |
|------------------------|---------------------------------|----------------------------------------------------|
| 10. Name of Recipient: | 11. SSN of Recipient (if known) | 12. No. of Hours of Annual Leave to be Transferred |
|                        | - -                             |                                                    |

**Certification of Voluntary Donation:** I certify that I am making this donation of my own free will and that no attempt has been made to coerce me to donate annual leave.

|                     |       |
|---------------------|-------|
| Signature of Donor: | Date: |
| X                   |       |

**Part 2.**  
Agency Review & Certification

|                                                                                                      |       |
|------------------------------------------------------------------------------------------------------|-------|
| <b>I certify that this employee is eligible to donate the hours of annual leave indicated above.</b> |       |
| Signature of SPO Coordinator:                                                                        | Date: |
| X                                                                                                    |       |

**Privacy Act Statement** 5 U.S.C. 6311 authorizes collection of this information. Your social security number is requested solely for the purpose of positively identifying leave donors so that donated leave can be deducted from the proper account. Although the disclosure of this information is voluntary, failure to furnish this information may result in disapproval of this application.