

AUTHORIZATION TO TRANSFER LEAVE FROM A DONOR

1. Name	2. Title	3. SSN								
4. Pay Plan/Series/Grade/Step	5. Annual Salary	6. Office Phone								
7. SCD	8. Organization	9. Duty Location								
10. Org. Code	11. Appropriate Code	12. Timekeeper								
13. Timekeeper's Phone		14. Timekeeper's Duty Location								
15. Designated Agent		16. Designated Agent's Phone								
17. As of _____ (ending date of latest pay period), I have the following annual leave balance: _____ hours. (Attach copy of T&A for the latest pay period.)										
18. *My annual leave ceiling is _____ hours.										
19. *As of the pay period specified in item #17, I have _____ hours of projected annual leave above my ceiling which could be subject to forfeiture at the end of the leave year. I have scheduled (formally requested and approved by my supervisor) the use of annual leave, sick leave or compensatory time off for the following periods of time during the remainder of this leave year: <table><thead><tr><th><u>Periods of Scheduled Leave</u></th><th><u>Total Hours</u></th></tr></thead><tbody><tr><td>_____ Annual Leave</td><td>_____</td></tr><tr><td>_____ Sick Leave</td><td>_____</td></tr><tr><td>_____ Compensatory Time Off</td><td>_____</td></tr></tbody></table>			<u>Periods of Scheduled Leave</u>	<u>Total Hours</u>	_____ Annual Leave	_____	_____ Sick Leave	_____	_____ Compensatory Time Off	_____
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_____ Annual Leave	_____									
_____ Sick Leave	_____									
_____ Compensatory Time Off	_____									
*Not applicable to SES employees										

I understand that I cannot donate annual leave in excess of the lesser of: my accrued annual leave balance; one-half of the amount of leave I will accrue during this leave year; or, if I have projected annual leave that would be subject to forfeiture at the end of the leave year, no more than the number of hours remaining in the leave year (as of the date of transfer) for which I am scheduled to work and receive pay. Note: the latter condition will apply near the end of the leave year and only to those who have "use or lose" leave.

20. Under the VLTP, I here by authorize the donation or transfer of _____ (No less than 4 hours, and in further increments of full hours only) of my accrued annual leave [] or leave restored to a separate leave account under 5 USC 6304 (d) [] (check one box) to _____ (full name of approved recipient). I certify that the designated recipient of this leave is not my immediate supervisor. I understand that once effected, this decision to transfer leave is irrevocable and subsequently transferred annual leave will not be restored to my leave account unless the designated leave recipient's medical emergency terminated without exhausting the total amount of leave transferred by all donors, and the conditions for restoration specified under 5 CFR 630.911 and the Department's policies are satisfied. Further, I do [] do not [] (check one box) authorized the VLTP Screening Committee to inform the recipient of my name as a donor.

Employee's Signature

Date

21. To be completed for Federal Bureau of Investigation or non-Department of Justice donors only. I certify that the donating employee has an available balance of annual leave stated above and that the donor's balance will be adjusted to debit his/her annual leave balance in accordance with this authorization to transfer leave.

Title & Signature of Payroll Officer

Date

Agency

Telephone Number

Payroll Office Number

Privacy Act Statement: Provision of the information on this form is voluntary, but required for participation as a leave donor under the VLTP authorized by P.L. 100-566. Failure to provide all of the requested information will result in this authorization to transfer leave not being processed. The information provided could be disseminated to the Office of Personnel Management, the Office of Management and Budget, the General Accounting Office or other government agencies to satisfy reporting requirements under this program.