



## CIVILIAN PERSONNEL DIRECTORATE (CPD)

## Voluntary Leave Transfer Program (Donated Leave)

a program under which the unused accrued annual leave of one agency officer or employee may be transferred for use by another agency officer or employee who needs such leave because of a medical emergency.

**OPM** - [http://www.ecfr.gov/cgi-bin/text-idx?SID=177eac8795cf8a11decba3c909cdb2c1&node=sp5.1.630.i&rqn=div6#se5.1.630\\_1904](http://www.ecfr.gov/cgi-bin/text-idx?SID=177eac8795cf8a11decba3c909cdb2c1&node=sp5.1.630.i&rqn=div6#se5.1.630_1904)

***In accordance with 5 U.S.C. 6332 and 5 C.F.R. 630 subpart I, Federal employees may donate unused accrued annual leave directly to a specified employee (leave recipient) who needs leave because of a medical emergency and who has exhausted his or her available paid leave.***

**Medical emergency** is defined as a medical condition of an employee or a family member of an employee (as defined in **5 C.F.R. 630.902**) ***that is likely to require the employee to be absent from duty for a prolonged period of time (at least 24 work hours) and result in a substantial loss of income to the employee because of the unavailability of paid leave.***

**DoD** - [http://comptroller.defense.gov/Portals/45/documents/fmr/Volume\\_08.pdf](http://comptroller.defense.gov/Portals/45/documents/fmr/Volume_08.pdf)

DEFENSE CIVILIAN PAYROLL SYSTEM (DCPS) THEATER SUPPORT OFFICE

Edgardo Burdios  
DSN: 537-1556

## 3 DIFFERENT TYPES OF DONATED LEAVE STATUS

- **F - Family Emergency (LA - annual leave type hour code)**
  - Care for a family member
  - Annual, comp time & restored leave balances must be '0'
  - Not eligible to be a Donor
- **S - Self Emergency (LS - sick leave type hour code)**
  - Employee's own illness
  - All leave categories except advanced leave must be '0' before donated leave can be used
  - Not eligible to be a Donor
- **W – Wounded Veteran (LD - donated leave type hour code)**
  - Wounded Veterans
  - Not required to use annual or sick prior to using donated leave
  - If the employee does not have a donated leave balance the 'LD' will follow the sick leave conversion process

If any other type hour code is used, the employee will be processed through the regular conversion process, bypassing donated leave

# DONATED LEAVE STATUS - F (LA)

➤ F = Family Emergency

➤ If the donated leave status indicator is 'F' and the T&A detail is 'LA', the conversion process will be

- Annual Leave to
- Leave Bank to
- Donated Leave to
- Donated Annual Leave Accrued to
- Advanced Annual Leave to
- Leave Without Pay

8. Individual affected by medical emergency (check one)

Employee

Employee's family member

Application to Become a Leave Recipient Under the Voluntary Leave Transfer Program		
1. Applicant's name (Last, first, middle)	2. Social Security Number	3. Employee Number
4a. Position title	4b. Pay plan	4c. Grade/pay level
5. Name of organization (Agency, Department, Office, Division, Branch, etc.)		6. Office telephone number
7. Nature and severity of the medical emergency		
8. Individual affected by medical emergency (check one)	9. Date medical emergency began	10. Date medical emergency ended (or is expected to end)
<input type="checkbox"/> Employee		
<input checked="" type="checkbox"/> Employee's family member		
11. Name of physician who will certify the medical emergency. (Attach documentation from the physician (or other appropriate expert) showing the diagnosis, prognosis and duration of illness.)		
12. What is the applicant's annual and sick leave balances as of end of last pay period?	13. How many hours of leave without pay have been used for this medical emergency?	
Annual leave balance → <input type="text"/> Sick leave balance → <input type="text"/>	Hours → <input type="text"/>	
14. Provide a description of the medical emergency to be distributed to servicing personnel offices so that other employees may donate annual leave to the applicant.		Description of medical emergency
<input type="checkbox"/> Check box if applicant does not want a description distributed. <input type="checkbox"/> Check box if applicant does not wish to have name used with the description or disclosed to anyone except the supervisor, the supervisory channel and the deciding official, and individuals who maintain the program.		
15a. Name of individual completing application (If applying on behalf of the applicant)	15b. Relationship to applicant	15c. Telephone number (area code)
16a. I certify that the above statements are true. (Signature of applicant or individual applying on behalf of applicant)		16b. Date signed
Privacy Act Statement Participation in this program is voluntary; however, solicitation of this information is authorized under 5 U.S.C. 8332. The information furnished will be used to identify records properly associated with the transfer of annual leave. 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. Public Law 104-134 (April 26, 1996) requires that any person doing business with the Federal Government furnish a social security number or tax identification number. This is an amendment to title 31, Section 7701. 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. If your agency uses the information furnished on this form for purposes other than those indicated above, it may provide you with an additional statement reflecting those purposes.		
17. First level supervisor's recommendation	18. Deciding official's decision	
<input type="checkbox"/> Approve Signature _____ Date signed _____	<input type="checkbox"/> Approve Signature _____ Date signed _____ <input type="checkbox"/> Disapprove Signature _____ Date signed _____	

# DONATED LEAVE STATUS – S (LS)

➤ S = Self Emergency

➤ If the donated leave status indicator is 'S' and the T&A detail is 'LS', the conversion process will be

- Annual Leave to
- Leave Bank to
- Donated Leave to
- Donated Annual Leave Accrued to
- Advanced Annual Leave to
- Leave Without Pay

8. Individual affected by medical emergency (check one)

Employee

Employee's family member

Application to Become a Leave Recipient Under the Voluntary Leave Transfer Program		
1. Applicant's name (Last, first, middle)	2. Social Security Number	3. Employee Number
4a. Position title	4b. Pay plan	4c. Grade/pay level
5. Name of organization (Agency, Department, Office, Division, Branch, etc.)		6. Office telephone number
7. Nature and severity of the medical emergency		
8. Individual affected by medical emergency (check one)	9. Date medical emergency began	10. Date medical emergency ended (or is expected to end)
<input checked="" type="checkbox"/> Employee		
<input type="checkbox"/> Employee's family member		
11. Name of physician who will verify the medical emergency. (Attach documentation from the physician (or other appropriate expert) showing the diagnosis, prognosis and duration of illness.)		
12. What is the applicant's annual and sick leave balances as of end of last pay period?	13. How many hours of leave without pay have been used for this medical emergency?	
Annual leave balance → <input type="text"/>	Sick leave balance → <input type="text"/>	Hours → <input type="text"/>
14. Provide a description of the medical emergency to be distributed to servicing personnel offices so that other employees may donate annual leave to the applicant.		Description of medical emergency
<input type="checkbox"/> Check box if applicant does not want a description distributed. <input type="checkbox"/> Check box if applicant does not wish to have name used with the description or disclosed to anyone except the supervisor, the supervisory channel and the deciding official, and individuals who maintain the program.		
15a. Name of individual completing application (If applying on behalf of the applicant)	15b. Relationship to applicant	15c. Telephone number (area code)
16a. I certify that the above statements are true. (Signature of applicant or individual applying on behalf of applicant)		16b. Date signed
<b>Privacy Act Statement</b> Participation in this program is voluntary; however, solicitation of this information is authorized under 5 U.S.C. 8332. The information furnished will be used to identify records properly associated with the transfer of annual leave. 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. Public Law 104-134 (April 26, 1998) requires that any person doing business with the Federal Government furnish a social security number or tax identification number. This is an amendment to title 31, Section 7701. 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. If your agency uses the information furnished on this form for purposes other than those indicated above, it may provide you with an additional statement reflecting those purposes.		
17. First level supervisor's recommendation		18. Deciding official's decision
<input type="checkbox"/> Approve Signature	<input type="checkbox"/> Disapprove Date signed	<input type="checkbox"/> Approve Signature
		<input type="checkbox"/> Disapprove Date signed



## DONATED LEAVE STATUS (S) con't

---

✓ If the donated leave status indicator is a "S" and the T&A detail is "LG" (advance sick leave), the conversion process will be

- Annual Leave to
- Leave Bank to
- Donated Leave to
- Donated Annual Leave Accrued to
- Advanced Annual Leave to
- Leave Without Pay



UNCLASSIFIED

## DONOR RESPONSIBILITIES

---

- Cannot be on the donated leave program
- Donations must be in increments of one hour
- Cannot donate more than one-half of the amount of annual leave she/he may be entitled to accrue during the leave year
- Can request for a waiver if approved by head of employing activity



## DONATED LEAVE - DONOR FROM ANOTHER DATABASE

---

- An employee may transfer leave to an employee of another data-base only when
  - The donor is a family member employed by another agency
  - The leave recipient's agency believes that leave donations within the agency may not be sufficient to meet the recipient's needs
  - The leave recipient's agency concludes that the transfer of leave from another agency furthers the purpose of the voluntary leave transfer program

# Donated Leave



Requires authorization and documentation from CPAC

Any DoD employee can donate annual leave only to an approved recipient

CSR Remedy Template - sent to DCPS payroll

- ✓ Self or Family
- ✓ **LS for employee, LA for family member**
- ✓ Activity maintains documents
- ✓ CSR maintains account – donations are used in order received.
- ✓ Unused donations are returned to the employee.
- ✓ **Do not allow timecard to be coded as KA**

<p>Privacy Act Statement</p> <p><b>Request to Donate Annual Leave to Leave Recipient Under the Voluntary Leave Transfer Program</b></p> <p><i>Outside Agency</i></p> <p>business with the Federal Government furnish a social security number or tax identification number. This is an amendment to title 31, Section 7701. 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. If your agency uses the information furnished on this form for purposes other than those indicated above, it may provide you with an additional statement reflecting those purposes.</p>	
<p><b>Part B - To Be Completed By Employing Agency of Leave Donor</b></p> <p>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.</p>	
<p>12. Enter the amount of annual leave to be credited to the leave recipient's annual leave account</p>	<p>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</p>
<p>14a. Name of agency contact who can provide further information</p>	<p>14b. Telephone number</p>
<p>15. <b>Certification:</b> I certify that the leave donor currently has sufficient annual leave in his/her annual leave account to make a donation of 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.</p>	
<p>15a. Signature of authorizing official</p>	<p>15b. Date Signed</p>

**The Customer Service Representative (CSR) that processed the transfer will complete part B and sign block 15a**

**LD - Donated Leave.** Allows federal employees who are **considered 'Wounded Veteran'** to receive donated leave to take the place of paid leave.



# How to Compute Maximum Donation Amount for Donors Without Use or Lose Leave

One-half of the amount of annual leave the leave donor would be entitled to accrue during the leave year in that the donation is made

## Step 1

Rate of accrual per pay period \_\_\_\_\_ multiply by 26 \_\_\_\_\_ divide by 2 and the sum is the maximum allowed.

Example: rate of accrual is **8 hours X 26 = 208 divide by 2 = 104** max allowed to donate without use or lose

## Step 2

An employee can request a waiver and must be approved by the Head of the employing activity. See slide number 10 for sample memorandum



## How to Compute Maximum Donation Amount for Donors With Use or Lose Leave

### Step 1

Rate of accrual per pay period \_\_\_\_\_ multiply by 26 \_\_\_\_\_ divided by 2 the sum is the maximum allowed.

Example: rate of accrual is **8 hours X 26 = 208 divide by 2 = 104** max allowed to donate

### Step 2

Rate of accrual per pay period \_\_\_\_\_ \*times number of PP remaining in the leave year \_\_\_\_\_

Example: rate of accrual is **8 hours X \*22 (remaining number of pay periods in the leave year) = 176** hours

\*date on donation form is March 5, 2014. As of March 5, 2014 there are only 22 pay periods left in the leave year which ends on Jan 10, 2015

**\*Note: The number of hours remaining in the leave year (as of the date of the transfer) for which the leave donor is scheduled to work and receive pay**

### Step 3

The lesser of step 1 or step 2 is the maximum amount that can be donated

### Step 4

An employee can request a waiver and must be approved by the Head of the employing activity. See slide number 10 for sample memorandum



# SAMPLE WAIVER FORMAT

---

Employing activity letter head

Date

**MEMORANDUM FOR: Employee's servicing CPAC**

**SUBJECT: Voluntary Leave Transfer Program (VLTP) Waiver for Donated Leave Limitations ICO  
(Employee's Name and SSN)**

Title 5, Code of Federal Regulations (CFR), Section 630.908, Limits the amount of annual leave an employee may donate under the VLTP. The limitations under paragraph (a) and (b) of 5 CFR 630.908 may be waived under criteria established by the agency.

Request that the limitation for the amount of annual leave an employee can donate for leave recipient is lifted or waived for the following reason: (Give a detailed explanation/reason for requesting waiver and the name an SSN of recipient)

Attach a copy of the worksheet.

\_\_\_\_\_ Donors Signature  
Donors Name and Tel. #

Approving Official Signature  
Title



# TRANSMITTAL FORM

---

**This transmittal form is required for all Donated Leave forwarded to DCPS Support Office for processing**

## DONATED LEAVE TRANSMITTAL FORM (Submit with OPM 630-A and/or OPM 630-B)

Date

**From: CPAC Name**  
CPAC Address

**To: CSR Name**

**SUBJECT: Donated Leave Documentation for DCPS Input**

The required information is provided for Donated Leave input into DCPS along with OPM 630.

**Donated Leave Recipient's Name:**

**Donated Leave Type:**      New                      Continuing

Removal from Program, Date:

**Date Emergency Began:**

**Donated Leave Status Indicator:**      Self emergency                      Family emergency                      Wounded Veteran

**Donor's Payroll Office/Address if different from Recipient's:**

**CPAC POC Information: Name, phone number**