

LEAVE TRANSFER AUTHORIZATION
(The proponent of this form is CPAC)

PRIVACY ACT STATEMENT

AUTHORITY: E012589 and E09397

PRINCIPAL PURPOSE: TO PROVIDE CPAC AND DFAS CIVILIAN PAY WITH CORRECT STATISTICAL DATA ON THE VOLUNTARY LEAVE TRANSFER PROGRAM.

ROUTINE USES: USED TO IDENTIFY FEDERAL EMPLOYEES DONATING THEIR ANNUAL LEAVE TO OTHER FEDERAL EMPLOYEES DURING EMERGENCY OR CRISIS SITUATIONS.

MANDATORY OR VOLUNTARY DISCLOSURE AND EFFECT ON INDIVIDUALS NOT PROVIDING INFORMATION: DISCLOSURE OF SOCIAL SECURITY NUMBER IS VOLUNTARY. IT WILL BE USED ONLY FOR IDENTIFICATION PURPOSES. NOT PROVIDING IT COULD RESULT IN ERRORS IN IDENTIFYING LEAVE ACCOUNTS.

REFERENCE CARE BULLETIN NO.

DATED *(If applicable)*

I WISH TO TRANSFER _____ HOURS OF ANNUAL LEAVE FROM MY ACCOUNT TO THE LEAVE ACCOUNT OF _____

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 CIVILIAN PAYROLL OFFICE. I UNDERSTAND THAT I MAY NOT TRANSFER LEAVE TO MY IMMEDIATE SUPERVISOR. I AFFIRM THAT THIS LEAVE IS GIVEN FREELY WITHOUT ANY PROMISE OF BENEFIT OR OF BEING THREATENED BY REPRISAL IF I FAILED TO MAKE THIS DONATION.

FULL NAME *(Please print)*

SOCIAL SECURITY NO.

GRADE *(GS, GM, WG, WS)*

ANNUAL SALARY

ORGANIZATION/PHONE NUMBER

OF THE HOURS DESIGNATED TO BE TRANSFERRED, _____ HOURS ARE "USE OR LOSE" LEAVE.

MY NAME MAY BE RELEASED TO THE RECIPIENT:

YES

NO

SIGNATURE

DATE

NOTE: REGULATIONS ESTABLISHED BY THE OFFICE OF PERSONNEL MANAGEMENT (OPM) FOR THE VOLUNTARY LEAVE TRANSFER PROGRAM (LTP), REQUIRE THAT DONATIONS OF LEAVE BE AUTHORIZED IN WRITING BY THE LEAVE DONOR. INFORMATION REGARDING YOUR GRADE AND SALARY IS REQUESTED BECAUSE OF REPORTING REQUIREMENTS ESTABLISHED BY OPM FOR USE IN PROGRAM EVALUATION.

QUESTIONS REGARDING VLTP OR THIS FORM MAY BE DIRECTED TO: CPAC, 531-4020

PLEASE RETURN COMPLETED FORM TO: CPAC