



DEPARTMENT OF THE ARMY
OFFICE OF THE DEPUTY CHIEF OF STAFF, G-1
ASSISTANT G-1 FOR CIVILIAN PERSONNEL
EAST REGION, SOUTH CENTRAL AREA, FORT POLK CPAC
2271 LOUISIANA AVENUE
FORT POLK, LOUISIANA 71459

CIVILIAN PERSONNEL
BULLETIN NO. 08-09

13 March 2009

LEAVE TRANSFER PROGRAM

CARE BULLETIN

In accordance with JRTC and Fort Polk Regulation 690-20, Part III, Voluntary Leave Transfer Program (VLTP), an employee may donate limited amounts of annual leave to another employee who has been approved to receive leave under VLTP.

*******APPROVED RECIPIENT*******

Mr. Barry A. Oswald, Supervisory Range Specialist, at the DPTM, Training Division, Range Operations Branch, has been approved as a recipient under the Voluntary Leave Transfer Program.

Mr. Oswald has been affected by a medical emergency which resulted in his hospitalization and/or treatment, and subsequent return to work on a part-time basis. He continues to be effected by the medical illness and will undergo a secondary surgery later in the leave year. Mr. Oswald has exhausted all of his leave and is presently in a leave without pay (LWOP) status.

Current federal employees wishing to donate annual leave to Mr. Oswald's account for use during this medical emergency may do so by completing the Fort Polk Form 25 in duplicate and forwarding same to the Civilian Personnel Advisory Center. Donations will be accepted under this bulletin for thirty (30) days from the date of issue, or thru 13 Apr 09. The Fort Polk Form 25 is attached to this bulletin, but may also be downloaded from the Fort Polk Electronic Workplace (http://intranet.polk.army.mil/old_ewp/) or obtained from the Administrative Office within each Directorate.

//original signed//
DONALD R. MALLETT
Director, Civilian Personnel
Advisory Center

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