DEPARTMENT OF THE ARMY
OFFICE OF THE DEPUTY CHIEF OF STAFF FOR PERSONNEL, G-1
USACHRA, JRTC & FT POLK CIVILIAN PERSONNEL ADVISORY CENTER
2271 LOUISIANA AVENUE, BLDG 3304
FORT POLK, LOUISIANA 71459

CIVILIAN PERSONNEL
BULLETIN NO. 10-09

13 May 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. Willie E. Hayes, Supervisory Human Resources Tech (Military), at the Directorate of Human Resources (DHR), has been approved as a recipient under the Voluntary Leave Transfer Program.

Mr. Hayes has been affected by a medical emergency which has resulted in his hospitalization and continuing treatment, and has caused his inability to return to work at this time. Mr. Hayes 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. Hayes' account for use during this medical emergency may do so by completing the Fort Polk (FP) Form 25 in duplicate and returning it to the Civilian Personnel Advisory Center. Completed forms can be emailed OR faxed to Retha Richard or Anita Jordan at 531-1851. Donations will be accepted under this bulletin for thirty (30) days from the date of issue, or thru 12 Jun 09. The FP-25 can be obtained from the Administrative Office or personnel in each Directorate. Fillable versions of this form may be downloaded from the Ft Polk DOIM Forms link at http://intranet.polk.army.mil/DOIM/tabid/217/Default.aspx .

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

Printed Recycled Paper

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