



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

CIVILIAN PERSONNEL  
BULLETIN NO. 12-09

27 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\*\*\*\*\***

**Ms. Charlotte Strother, Management Analyst**, at Bayne-Jones Army Community Hospital, has been approved as a recipient under the VLT Program.

Ms. Strother is being treated for a brain tumor. Ms. Strother has exhausted all of her leave and is presently on a leave without pay (LWOP) status.

Current federal employees wishing to donate annual leave to Ms. Soileau's account for use during this medical emergency may do so by completing the Fort Polk (FP) Form 25 in duplicate and return it to the Civilian Personnel Advisory Center (CPAC). Completed forms can be emailed OR faxed to Bobbie Vaziri or Anita Jordan at 337-531-1851. Donations will be accepted under this bulletin for thirty (30) days from the date of issue, or through 26 June 2009. The FP-25 is attached or 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

**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