



DEPARTMENT OF THE NAVY

UNITED STATES NAVAL ACADEMY

121 BLAKE ROAD

ANNAPOLIS, MARYLAND 21402-5000

USNA/AACINST 12630.7A

24/MER

24 September 2001

USNA /AAC INSTRUCTION 12630.7A

From: Superintendent, U.S. Naval Academy/Annapolis Area Coordinator

Subj: VOLUNTARY LEAVE TRANSFER PROGRAM

Ref: (a) 5 Code of Federal Regulations, 630.901-630.913
(b) USNAINST 12771.1B

Encl: (1) OPM 630 (June 01) Leave Recipient Application
(2) OPM 630-A (June 01) Request to Donate Annual Leave to Leave Recipient
(Within Agency)
(3) OPM 630-B (June 01) Request to Donate Annual Leave to Leave Recipient
(Outside Agency)

1. Purpose. To set forth policy and procedures under which the U.S. Naval Academy (USNA) will administer the Voluntary Leave Transfer Program. The Voluntary Leave Transfer Program permits federal employees to donate annual leave for the use of other federal employees in medical or family-medical emergency situations.

2. Cancellation. USNAINST 12630.7. This directive is a complete revision and should be reviewed in its entirety. No special markings appear because changes are extensive.

3. Background. On 31 January 1989, the Office of Personnel Management established a Voluntary Leave Transfer Program authorized by Public Law 100-566 of 31 October 1988. The program became permanent, authorized by Public Law 103-103, effective 31 January 1994.

4. Applicability. This instruction applies to all civilian employees in activities serviced by the USNA Human Resources Department (HRD).

5. Definitions. Per reference (a), the following definitions apply:

a. Employee. Employee has the meaning given that term in 5 U.S.C. 6301 (2), except an individual employed by the government of the District of Columbia. All USNA civilian employees are included with the exception of part-time employees who do not have an established regular tour of duty during the administrative workweek and nonappropriated funded employees.

b. Family Member. The following relatives of the employee: (1) spouse and parents thereof; (2) children, including adopted children, and spouses thereof; (3) parents; (4) brothers and sisters, and spouses thereof; and (5) any individual related by blood or affinity whose close association with the employee is the equivalent of a family relationship.

c. Medical Emergency. A medical condition of an employee or a family member of such employee that is likely to require an employee's absence from duty for a prolonged period of time and result in a substantial loss of income to the employee because of the unavailability of paid leave.

d. Leave Donor. An employee whose voluntary written request for transfer of annual leave to the annual leave account of a leave recipient is approved by his or her own employing agency.

e. Leave Recipient. Current employee for whom the employing agency has approved an application to receive annual leave from the annual leave accounts of one or more leave donors.

6. Application to Become a Leave Recipient

a. An employee who is affected by a medical or family-medical emergency which will or is expected to require an absence from duty without paid leave for at least 24 hours (for a full-time employee) may apply to become a leave recipient. Part-time employees or those with an uncommon tour of duty must be absent from duty for at least the average number of hours of work in the employee's biweekly scheduled tour of duty. If an employee is not capable of making application on his or her own behalf, a personal representative of the potential leave recipient may make written application on his or her behalf.

b. Interested applicants may apply by completing enclosure (1), the Leave Recipient Application. Enclosure (1) may be reproduced locally. Applicants should submit enclosure (1), along with their most recent Leave and Earnings Statement and medical documentation via their supervisor, to the Leave Transfer Program Coordinator located in HRD, Stop 20B.

c. Applications from USNA employees will be reviewed and approved or disapproved by the Program Coordinator. The leave applicant will be notified in writing of the decision. If the application is disapproved, the leave recipient will be informed of the reasons for the disapproval.

7. Application to Become a Leave Donor

a. An interested leave donor may use enclosure (2) or (3) to apply, depending on whether he/she wishes to donate leave to a recipient within or outside the Department of the Navy (DON). Potential leave donors must request that a specified number of hours be donated to a specific leave recipient. Enclosures (2) and (3) may be reproduced locally. Interested donors

should submit enclosure (2) or (3), along with their most recent Leave and Earnings Statement, to the HRD, Leave Transfer Coordinator, Stop 20b.

b. A leave donor may donate, in 1 leave year, no more than a total of one-half the amount of annual leave he/she would be entitled to accrue which would be subject to forfeiture at the end of the leave year (use or lose). The maximum amount of leave that may be donated during the leave year shall be the lesser of:

(1) one-half the amount of annual leave he or she could be entitled to accrue during the leave year in which the donation is made, or

(2) 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. An employee who earns 8 hours of leave per pay period is limited to a donation of 104 hours of leave per leave year. An employee who earns 6 hours of annual leave per pay period is limited to a donation of 80 hours of leave per leave year. An employee who earns 4 hours of annual leave per pay period is limited to a donation of 55 hours of leave per leave year. These limitations may be waived per paragraph 7c.

c. Annual leave will be transferred in increments of 1 hour.

d. A leave donor may not donate to his or her immediate supervisor.

8. Responsibilities

a. Supervisors will recommend approval or disapproval of the potential leave recipient's application. Supervisors who plan to recommend disapproval of an application based upon the employee's leave record are cautioned to make sure any allegations of misuse of leave are fully documented.

b. Leave Transfer Program Coordinator will administer the voluntary leave transfer program at the USNA. In this regard the coordinator is available to provide advice and assistance to employees, supervisors, and cost center heads to accomplish administrative details relative to the program including:

(1) Reviewing applications from potential USNA leave recipients and approve or disapprove the applications. Inform the applicant in writing of the decision within 10 workdays. Potential leave recipients whose applications are disapproved will be informed of the reason(s) for the disapproval and their grievance rights.

(2) Advising approved leave recipients in writing of their responsibilities to support the continuation of the medical emergency and the conditions under which the medical emergency terminates.

(3) Approving or disapproving leave donor applications according to the criteria outlined in paragraph 6b and notifying leave donors of the disposition of their applications per reference (a), section 9.

(4) Subject to the leave recipient's agreement, publicizing his/her need for donations of annual leave in the Weekly Administrative Bulletin and by e-mail.

(5) Providing completed leave transfer transaction to the appropriate payroll office.

(6) Making the required computations and notifications when unused transferred leave is to be restored to the leave donor(s) and forwarding this information to the servicing payroll office for action.

c. HRD Director will review and approve or disapprove all written requests for waivers of the amount of leave an employee is allowed to donate in 1 leave year, per reference (a), section 10.

d. The Servicing Payroll Office will:

(1) Transfer leave between the accounts of leave donors and recipients.

(2) Restore annual leave to the account of leave donors when required.

9. Transfer of Annual Leave

a. The minimum amount of annual leave that may be transferred is 1 hour.

b. Transferred annual leave may be substituted retroactively for periods of leave without pay used during the medical emergency or used to liquidate an indebtedness for advanced annual or sick leave granted after the date determined to be the beginning of the medical emergency.

10. Transfer of Annual Leave To and From Other Agencies

a. Transfer of annual leave from donors employed by agencies other than the DON will be accepted when:

(1) A family member of a leave recipient is employed by another agency and requests the transfer of annual leave to the leave recipient;

(2) In the judgment of the Leave Transfer Coordinator, the amount of annual leave transferred from within DON may not be sufficient to meet the needs of the leave recipient; or

(3) In the judgment of the Leave Transfer Coordinator, acceptance of leave transferred from another agency would further the purpose of the voluntary leave transfer program.

b. A leave donor wishing to donate annual leave to a leave recipient in another agency will complete part A of Form 630-B (enclosure (3)). The Leave Transfer Coordinator will assure that the information in Part B is completed.

11. Termination of Medical Emergency

a. The medical emergency affecting a leave recipient will terminate:

(1) When the leave recipient's federal employment is terminated; or

(2) At the end of the biweekly pay period in which the Leave Transfer Coordinator receives written notice from the leave recipient or his/her representative that the employee is no longer affected by the medical emergency; or

(3) At the end of the biweekly pay period in which the HRD receives notification that an application for disability retirement has been approved by the Office of Personnel Management (OPM); or

(4) A medical emergency may be deemed to continue for the purpose of providing a leave recipient an adequate period of time within which to receive donations of annual leave. (For example, the medical emergency may have terminated, but the recipient may wish to substitute donated leave for periods of Leave Without Pay or to liquidate an indebtedness for sick leave.)

b. HRD Leave Transfer Coordinator will:

(1) Notify the servicing Payroll Office of the date the medical emergency terminated.

(2) Notify the donor(s) if unused donated annual leave is being restored to his/her account(s)

(3) Notify leave donors of the possibility of forfeiture of restored annual leave.

12. Grievance Rights. The decision to disapprove an application to donate or receive leave is a grievable matter under the DON Administrative Grievance Procedure, reference (b), or negotiated grievance procedure, where applicable.

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13. Records and Reports. The HRD Leave Transfer Coordinator will maintain records which may be required by the Office of Personnel Management to evaluate the desirability, feasibility, and cost of the Voluntary Leave Transfer Program.

14. Questions may be directed to the HRD, Leave Transfer Coordinator at extension 35370.



M. TEMPESTILLI
Deputy for Operations

Distribution:

AA

HRD(50)

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) <input type="checkbox"/> Employee <input type="checkbox"/> Employee's family member	9. Date medical emergency began	10. Date medical emergency ended (or is expected to end)	
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? Annual leave balance → <input style="width: 80px; height: 20px;" type="text"/> Sick leave balance → <input style="width: 80px; height: 20px;" type="text"/>		13. How many hours of leave without pay have been used for this medical emergency? Hours → <input style="width: 80px; height: 20px;" 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. <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.		Description of medical emergency	
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	
<p>Privacy Act Statement</p> <p>Participation in this program is voluntary; however, solicitation of this information is authorized under 5 U.S.C. 6332. 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.</p>			
17. First level supervisor's recommendation <input type="checkbox"/> Approve <input type="checkbox"/> Disapprove Signature _____ Date signed _____		18. Deciding official's decision <input type="checkbox"/> Approve <input type="checkbox"/> Disapprove Signature _____ Date signed _____	

**Request to Donate Annual Leave to Leave Recipient
Under the Voluntary Leave Transfer Program**

*Within
Agency*

I request that annual leave be transferred to the leave account of an approved leave recipient. This recipient is not my immediate supervisor. As of the date indicated below, I have enough annual leave in my account to cover this amount. I understand that if I am projected to forfeit annual leave during this leave year, the amount of leave I am transferring may not exceed the number of hours remaining in the leave year for which I am scheduled to work. The amount of annual leave I am transferring also is not more than half the hours I will earn this year.

I understand that my decision to transfer leave is not revocable. If a sufficient balance of unused leave remains after the recipient's medical emergency has terminated, I can elect to have a pro-rated share returned to me during either the current leave year or the following leave year, or I can elect to donate my pro-rated share to another leave recipient. However, to do so, I must remain employed by a Federal agency and be subject to chapter 63 of title 5, United States Code.

I have not been directly or indirectly intimidated, threatened or coerced, or promised any benefit by any employee for the purpose of donating or using leave.

To Be Completed By Leave Donor

1. Name (<i>Last, first, middle</i>)		2. Social Security Number	3. Employee Number
4a. Position title		4b. Pay plan	4c. Grade/pay level
5a. Name of organization (Agency, Department, Office, Division, Branch, etc.)			5b. Office telephone number
6. Amount of annual leave accrued as of end of last pay period	7. Amount of leave projected to forfeit this leave year as of end of last pay period	8. Amount of annual leave to be transferred	
9. Individual's name or identification number to whom leave is being donated			
10a. Signature			10b. Date signed

Privacy Act Statement

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**Request to Donate Annual Leave to Leave Recipient
Under the Voluntary Leave Transfer Program**

*Outside
Agency*

I request that annual leave be transferred to the leave account of an approved leave recipient. This recipient is not my immediate supervisor. As of the date indicated below, I have enough annual leave in my account to cover this amount. I understand that if I am projected to forfeit annual leave during this leave year, the amount of leave I am transferring may not exceed the number of hours remaining in the leave year for which I am scheduled to work. The amount of annual leave I am transferring also is not more than half the hours I will earn this year.

I understand that my decision to transfer leave is not revocable. If a sufficient balance of unused donated leave remains after the recipient's medical emergency has terminated, I can elect to have a pro-rated share returned to me during either the current leave year or the following leave year, or I can elect to donate my pro-rated share to another leave recipient. However, to do so, I must remain employed by a Federal agency and be subject to chapter 63 of title 5, United States Code. I have not been directly or indirectly intimidated, threatened or coerced, or promised any benefit by any employee for the purpose of donating or using leave.

Part A - To Be Completed By Leave Donor

1. Name (<i>Last, first, middle</i>)		2. Social Security Number	3. Employee Number
4a. Position title	4b. Pay plan	4c. Grade/pay level	5. Relationship of leave donor to leave recipient (<i>if any</i>)
6. Leave donor's agency (<i>Agency, Department, Office, Division, Branch, etc.</i>)			
7. Amount of annual leave accrued as of end of last pay period	8. Amount of leave projected to forfeit this leave year as of end of last pay period	9. Amount of annual leave to be transferred	
10. Leave recipient's name, agency, agency's address, organization (<i>Agency, Department, Office, Division, Branch, etc.</i>)			
11a. Leave donor's signature			11b. Date signed

Privacy Act Statement

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Part B - To Be Completed By Employing Agency of Leave Donor

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.

12. Enter the amount of annual leave to be credited to the leave recipient's annual leave account	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
14a. Name of agency contact who can provide further information	14b. Telephone number
15. Certification: 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.	
15a. Signature of authorizing official	15b. Date Signed