



DEPARTMENT OF THE NAVY
COMMANDER
NAVAL EDUCATION AND TRAINING COMMAND
250 DALLAS STREET
PENSACOLA, FLORIDA 32508-5220

NETCINST 12630.1B
N00V

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NETC INSTRUCTION 12630.1B

From: Commander, Naval Education and Training Command

Subj: VOLUNTARY LEAVE TRANSFER PROGRAM

Ref: (a) 5 CFR 630.901 to 630.913
(b) 5 U.S.C. §6331 to §6338
(c) SECNAVINST 12771.2
(d) DON Memo of 13 Apr 10

Encl: (1) OPM 630 (June 2001)
(2) OPM 630-A (Within Agency) (August 2013)
(3) OPM 630-B (Outside Agency) (August 2013)

1. Purpose. To provide policy and guidance on implementing the Voluntary Leave Transfer Program (VLTP). The requirements of this program are found in references (a) and (b).

2. Cancellation. NETCINST 12630.1A.

3. Scope. Naval Education and Training Command (NETC) activities will establish, monitor, and implement a VLTP. This program permits federal employees to donate annual leave to other federal employees who need it for family or personal medical emergency situations. Medical emergency means 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 to result in a substantial loss of income to the employee because of the employee's lack of available paid leave. Absence from duty without paid leave because of medical emergencies must be (or expected to be) at least 24 hours for a full-time employee.

4. Delegation of Authority. Commanding Officers/activity heads will be the approving official and may delegate this authority no lower than the department head level or equivalent. The approving official will review applications and decide whether or not to approve the employee's participation in the program. Should the approving official decide to disapprove the request,

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he/she should consult with NETC/HRO/Labor and Employee Relations Branch regarding the decision. Commanding Officers/activity heads will assign the responsibility for administering the VLTP to a Program Administrator (PA).

5. Action

a. Application to Become a Leave Recipient under the VLTP. Complete enclosure (1) and forward it, with a signed physician's certification, via the chain of command, to the PA. The personal representative of the employee may apply on behalf of an employee who is incapable of making this application.

b. Request to Donate Annual Leave to Leave Recipient under the VLTP. Leave donor must complete enclosure (2) or enclosure (3) and forward it to the PA.

c. The PA will:

(1) Notify activity employees when there is a need for leave donors. This requirement may be publicized either in the Plan of the Day/Week, via memo, or e-mail to all employees.

(2) Review applications to determine if applicants meet all requirements of the program and advise the approving official regarding such circumstances as:

(a) whether or not the emergency was foreseeable;

(b) the extent to which the emergency requires the personal attention of the potential leave recipient; and

(c) whether there are reasonable alternatives to being away from the job.

(3) Notify employees as to the disposition of their application.

(4) Advise leave recipients of their responsibility to keep their immediate supervisor and PA informed in writing, at least monthly, of the recipient's status while participating in the program. The report must include statements regarding prognosis for returning to work, if applicable, and must include copies of any pertinent medical documentation. Failure to keep

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the supervisor and PA informed may result in termination of participation in the program.

(5) Notify those applying to be a leave recipient within 10 working days, in writing, whether their application is approved or disapproved. If disapproved, explain the reason for disapproval and advise the applicant that it is a grievable matter under the negotiated grievance procedures or reference (c), as appropriate.

(6) Work with your Customer Service Representative (CSR) to establish procedures to ensure required documentation is maintained for all recipients, donors, and actions taken under the program.

(7) Upon termination of each medical emergency, notify the leave recipient's CSR in writing. For the purposes of donated leave, a medical emergency is ended when the PA determines the recipient is no longer affected by the medical emergency, their employment at the activity terminates, or their application for disability retirement is approved.

(8) Any donated leave that remains unused by the recipient who receives it will be returned to the donor when the medical emergency ends or when the employee leaves federal service in accordance with references (a) and (b).

d. Information

(1) Family member means the following relatives of the employee:

- (a) Spouse, and parents thereof;
- (b) Sons, daughters, and spouses thereof;
- (c) Parents, and spouses thereof;
- (d) Brothers, sisters, and spouses thereof;
- (e) Grandparents, grandchildren, and spouses thereof;

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(f) Domestic partner and parents thereof, including domestic partners of any individual in paragraphs (b) through (e) of this definition; and

(g) Any individual related by blood or affinity whose close association with the employee is the equivalent of a family relationship.

(2) Available paid leave includes an employees' accrued, accumulated, recredited, and restored annual or sick leave. It does not include advanced annual or sick leave or other forms of paid time off (i.e., credit hours under flexible work schedules or compensatory time off).

(3) While using donated leave, a leave recipient can accrue no more than 40 hours of annual leave and 40 hours of sick leave in "set-aside" accounts. The leave in the "set-aside" accounts will be transferred to the employee's regular leave accounts when the medical emergency ends or if the employee exhausts all donated leave.

(4) A recipient who is undergoing treatment for a combat-related disability sustained while a member of the armed forces, including a reserve component of the armed forces, is allowed to participate in the program without first having to exhaust their own available paid leave and is eligible to receive donated annual leave for up to five years from the start of the employee's treatment, as long as the employee continues to undergo such medical treatment.

(5) Only annual leave may be transferred. The minimum amount transferrable is one hour.

(6) An employee may donate up to one-half of the amount of annual leave he or she would be entitled to accrue during the current leave year. A request to exceed this amount must be submitted as a separate written statement, signed by the donor, certifying that he or she is aware that the request exceeds the limitations and describing the reasons for the additional donation. Waiver requests must be submitted through the donor's supervisor and must indicate the number of excess hours requested for donation. In accordance with reference (d), the following criteria will be used for granting a waiver:

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(a) Waivers should only be granted when there are very compelling and/or exceptional circumstances, to be considered on a case-by-case basis. Blanket waivers are not accepted.

(b) When the waiver is granted, the donor must have at least sixteen (16) hours of annual leave remaining after the proposed donation.

(c) Waivers are not to be granted solely to avoid the forfeiture of annual leave. Upon receipt, the donor's supervisor will verify that the donor has sufficient leave to cover the proposed donation and will verify that the recipient has been approved for the program. The request for waiver will be forwarded to the approving official along with the supervisor's recommendation. All waivers granted must be in writing.

(7) Donated/transferred leave may be retroactively credited to recipient employees' leave accounts. The record of their time off will be changed to annual or sick leave with pay rather than leave without pay, and the recipients can be reimbursed for missed wages. The donated/transferred leave may also be used to liquidate an indebtedness of previously-advanced annual or sick leave.

(8) The recipient must provide documentation at least monthly or more frequently, if requested, to support the continuation of the medical emergency.

6. Records and Reports. The Office of Personnel Management (OPM) or the Commander, NETC may require reports to evaluate the effectiveness of the VLTP. Therefore, activities shall, at a minimum, maintain the following records:

a. Number of employees (by grade and pay level) who received donations for medical emergencies affecting themselves.

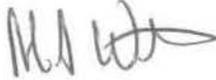
b. Number of employees (by grade and pay level) who received leave donations for medical emergencies affecting a family member.

c. Total amount of transferred annual leave used by each leave recipient.

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7. Commands must ensure all applicable labor relations obligations are met.

8. Forms. The forms attached as enclosures (1) through (3) may be reproduced locally. They may also be found on the OPM website at: <http://www.opm.gov/forms/html/opm.asp>.



M. S. WHITE

Distribution (NETCINST 5215.1B):
Lists I and II

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**Application to Become a Leave Recipient
Under the Voluntary Leave Transfer Program**

1. Applicant's name (<i>Last, first, middle</i>)		2. SSN (last 4 digits)	3. Employee Number
4a. Position title	4b. Pay plan		4c. Grade/pay level
5. Name of organization (<i>Agency, Department, Office, Division, Branch, etc.</i>)		6. Office telephone number	
7. Nature and severity of the medical emergency			
8. Individual affected by medical emergency (<i>check one</i>) <input type="checkbox"/> Employee <input type="checkbox"/> Employee's family member		9. Date medical emergency began	10. Date medical emergency ended (<i>or is expected to end</i>)
11. Name of physician who will verify the medical emergency. (<i>Attach documentation from the physician (or other appropriate expert) showing the diagnosis, prognosis and duration of illness.</i>)			
12. What is the applicant's annual and sick leave balances as of end of last pay period? Annual leave balance → <input type="text"/> Sick leave balance → <input type="text"/>		13. How many hours of leave without pay have been used for this medical emergency? Hours → <input 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 (<i>If applying on behalf of the applicant</i>)	15b. Relationship to applicant	15c. Telephone number (area code)	
16a. I certify that the above statements are true. (<i>Signature of applicant or individual applying on behalf of applicant</i>)		16b. Date signed	
Privacy Act Statement 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.			
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 _____	

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**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 (Last, first, middle)		2. SSN (last 4 digits)	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

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.

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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 (Last, first, middle)		2. SSN (Last 4 digits)		3. Employee Number	
4a. Position title	4b. Pay plan	4c. Grade/pay level	5. Relationship of leave donor to leave recipient (if any)		
6. Leave donor's agency (Agency, Department, Office, Division, Branch, etc.)					
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 (Agency, Department, Office, Division, Branch, etc.)					
11a. Leave donor's signature				11b. Date signed	

Privacy Act Statement

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.

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	