

APPLICATION FOR TRANSFER OF LEAVE UNDER VLTP

(Date)

TO: Executive Officer, OD
Through: (Immediate Supervisor _____)
(Additional Supervisor if required by Program) _____
Administrative Officer _____

FROM: (Name and Title of Requestor)

SUBJECT: Request to Become a Leave Transfer Recipient

I am applying for transfer of leave through the Voluntary Leave Transfer Program (VLTP) on behalf of _____ (*myself or name of other employee*). The background information is as follows:

Name of recipient:
Position title, pay plan, series, grade:
Organization:
Timekeeper number
Timekeeper name, phone number & fax number:
Number of hours of leave required:
Area of distribution: HHS-wide ___ NIH-wide ___ IC-wide ___ Other (Specify)

Describe the medical or family medical emergency requiring an anticipated minimum of unpaid leave in excess of 24 hours.

EXAMPLE: My physician has determined that I must undergo major surgery for (describe the nature of the surgery) and I anticipate being absent and without the availability of paid leave for at least 24 hours. I understand that my annual leave and sick leave (as allowed by law or regulation) must be used before I may receive donated leave. The operation is scheduled for (date) and recuperation of (time frame) is anticipated. My current sick and/or annual leave balances will not be adequate to cover my entire absence. I anticipate the need for ### hours of donated leave.

Additional information (e.g., medical reports, supporting statements, etc.) is attached.

Note: Medical documentation must be provided. It should include information that clearly describes the nature, severity and anticipated duration (beginning and ending dates) of the medical emergency. If a family medical emergency, medical information must address the issue of why you must be absent to care for the family member.

I hereby authorize the release of the following information regarding my medical or family

