



UNITED STATES MARINE CORPS  
U.S. MARINE CORPS AIR STATION  
YUMA, ARIZONA 85369-5000

StaO 12630.1  
3BF  
24 Apr 91

STATION ORDER 12630.1

From: Commanding Officer  
To: Distribution List

Subj: VOLUNTARY LEAVE TRANSFER PROGRAM

Ref: (a) FPM Bulletin 630-33 dtd 4 Oct 89 (NOTAL)  
(b) OCPMINST 12630.2A dtd 29 Jun 90 (NOTAL)

Encl: (1) Leave Recipient Application, OP Form 630  
(2) Request to Donate Annual Leave to Leave Recipient, OP Form 630-A

1. Purpose. This Order issues guidance and procedures for administering the voluntary leave transfer program for civil service employees served by the Civilian Personnel Office (CPO), Marine Corps Air Station (MCAS), Yuma, Arizona.

2. Information. References (a) and (b) implement Public Law 100-566 which established a voluntary leave transfer program throughout the Federal Service through 31 October 1993. This provision of Public Law 100-566 expires 31 October 1993. Reference (b) sets forth policy and procedure under which the Department of the Navy (DON) shall administer the policy. The voluntary leave transfer program is intended to allow individuals to transfer their annual leave to other employees who are experiencing genuine hardships due to loss of pay resulting from medical emergencies. Employees may make a request to receive donated leave. If that request is approved, the need for donated leave will be publicized by CPO.

3. Definitions

a. Leave donor. An employee whose voluntary written request for a transfer of annual leave to the annual leave account of a leave recipient has been approved by the activity commander or his designee.

b. Leave recipient. A current employee whose application to receive annual leave from annual leave accounts of one or more leave donors has been approved.

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

#### 4. Policy

a. Any appropriated fund employee may be considered as a leave recipient or a leave donor under the leave transfer program. The Civilian Personnel Officer is the designated authority to decide the disposition of requests.

b. The decision to approve an employee as a leave recipient will be based upon the employee's record of employment and evidence presented by or on behalf of the employee as to the nature and extent of the medical emergency. The decision of employees to request to become donors is entirely voluntary. Coercion of an employee or group of employees to participate as leave donors is inappropriate.

#### 5. Procedures and Responsibilities

a. Requesting to Become a Leave Recipient. The requester will submit enclosure (1) through the chain of command to the Civilian Personnel Office. The request may be submitted by another individual on behalf of the employee in the event that the employee is unable to make the request.

b. Approval of Request to Become a Leave Recipient. The Civilian Personnel Officer shall review a request to become a leave recipient to determine that the potential leave recipient has been affected by a medical emergency as defined above and that the absence from duty without available paid leave because of the medical emergency is (or is expected to be) at least 80 hours. In making a determination as to whether a medical emergency is likely to result in a substantial loss of income, the Civilian Personnel Officer shall not consider factors other than whether the absence from duty without available paid leave is (or is expected to be) at least 80 hours.

#### c. The Civilian Personnel Office

(1) Prepare a case file for the employee being considered. The information placed in the case file is to be retained for future documentation as requested by DON and/or OPM regarding the administration of the leave transfer program and will be available for review by the employee.

(2) Ensure that appropriate advertising of the need for donors is initiated upon approval of a request.

#### d. Requesting to be a Leave Donor

(1) The requester will submit enclosure (2) to the Civilian Personnel Office. Donors are not allowed to donate more than half of the leave they accrue in the leave year in which the donation is made. A leave donor who is projected to have annual leave that would otherwise be subject to forfeiture at the end of the leave year (use or

lose) may donate no more leave than the number of hours remaining in the leave year for which the donor is scheduled to work and receive pay. Employees may not donate leave to their immediate supervisors.

(2) The Civilian Personnel Office will review the request to ensure that it does not violate any of the restrictions discussed above and will inform the employee and the respective Civilian Payroll Branch of the acceptance or denial of the request to become a leave donor. The request and the approval/denial letter will be placed in the case file of the leave recipient.

(3) The respective Civilian Payroll Branch will transfer annual leave from the donor's annual leave account to the leave recipient's annual leave account in the amount indicated in the letter approving the donation.

e. Accounting for Donated Leave

(1) All donated leave will be credited to the leave recipient's account and the total amount of leave donated will be recorded. Annual leave that accrues to a leave recipient shall be used before any transferred annual leave. When the leave recipient's emergency is over, as documented by a memorandum from the Civilian Personnel Office to the Civilian Payroll Branch, unused donated leave will be credited back to the leave accounts of the various donors.

(2) Annual leave returned to a leave donor prior to the beginning of the third biweekly pay period before the end of the leave year must be scheduled for use or be subject to forfeiture. Annual leave returned to a leave donor after the beginning of the third biweekly pay period prior to the end of the leave year will be restored for use not later than the end of the leave year following the leave year in which the annual leave was restored.

(3) The amount to be returned to each donor will be calculated by prorating the share of the remaining leave to each donor based upon each donor's pro rata share of the total leave donated. The minimum amount of leave that may be restored is 1 hour; therefore, any fractional amount of less than 30 minutes shall be rounded down and 30 minutes or more shall be rounded up.

f. Records Maintenance. The Civilian Personnel Office will maintain a complete case file for each request to become a leave recipient, the records required by reference (b), and report to OPM as required. The Civilian Payroll Branch will send the following information to the Civilian Personnel Office at the end of each pay period:

(1) The amount of transferred annual leave used by each leave recipient during the pay period.

(2) The balance of transferred annual leave remaining in the recipient's annual leave account at the end of each pay period.

StaO 12630.1  
24 Apr 91

(3) The estimated direct and indirect cost incurred by the Civilian Payroll Branch associated with transferring the leave between the accounts of recipients and donors, and the estimated cost associated with other activities related to participation in the leave transfer program.



C. T. DUNSTAN  
By direction

DISTRIBUTION: C

24 Apr 91

# Leave Recipient Application Under The Voluntary Leave Transfer Program

Optional Form 630  
June 1989  
U.S. Office of Personnel Management  
FPM Chapter 630

1. Applicant's Name (Last, First, Middle)	2. Social Security Number	3. Employee Number
4. Position Title, Pay Plan, and Grade/Pay Level		
5. Name of Organization (Agency, Department, Office, Division, Branch, etc.)		6. Payroll Office Number
7. Nature and Severity of the Medical Emergency		

8. Individual Affected by Medical Emergency (Check One) <input type="checkbox"/> Employee <input type="checkbox"/> 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 the illness.)

12. What is the Applicant's Leave Balance as of End of Last Pay Period?	13. How Many Hours of Leave Without Pay Have Been Used for This Medical Emergency?
14. Does the Applicant Want a Description of the Medical Emergency Distributed to Servicing Personnel Offices so that Other Employees May Donate Leave to the Account? <input type="checkbox"/> No <input type="checkbox"/> Yes If "YES," Provide the Description Below.	

Check, If the Applicant Does Not Wish to Have Name Used With the Description or Disclosed to Anyone Except Supervisor, the Supervisory Channel and the Deciding Official, and Individuals Who Maintain the Program.

15. Name of Individual Completing the Application (If Applying on Behalf of the Applicant)	Relationship to Applicant	Telephone Number
16. I Certify that the Above Statements are True. Signature of Applicant or Individual Applying on Behalf of the Applicant		Date Signed

## Privacy Act Statement

Participation in this program is voluntary; however, solicitation of this information is authorized by P.L. 100-566 (October 31, 1988). The information furnished will be used to identify records properly associated with the application to become a leave recipient. 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. Executive Order 9397 (November 22, 1943) authorizes use of the Social Security Number (SSN). 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.

17. First Level Supervisor's Recommendation, Signature, and Date Signed <input type="checkbox"/> Approve <input type="checkbox"/> Disapprove	18. Deciding Official's Decision. Signature and Date Signed <input type="checkbox"/> Approve <input type="checkbox"/> Disapprove
-------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------

REPRODUCE LOCALLY

ENCLOSURE (1)

Optional Form 630-A  
June 1989  
U.S. Office of Personnel Management  
FPM Chapter 630

## Request To Donate Annual Leave To Leave Recipient (*Within Agency*) Under The Leave Transfer Program

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 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 leave I am transferring also is not more than half the hours I will earn this year.

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, U.S.C., on the date the medical emergency terminates.

I understand that my decision to transfer leave is not revocable. If a sufficient balance of unused leave

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.

### Privacy Act Statement

This program is voluntary; however, solicitation of this information is authorized by P.L. 100-566 (October 31, 1988). The information furnished will be used to identify records properly associated with the leave donation. 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. Executive Order 9397 (November 22, 1943) authorizes use of the Social Security Number (SSN). Furnishing the Social Security Number, as well as other data, is voluntary, but failure to do so may delay or prevent action on the request to donate leave.

TO BE COMPLETED BY LEAVE DONOR		
1. Name ( <i>Last, First, Middle</i> )	2. Social Security Number	3. Employee Number
4. Position Title, Pay Plan, and Grade/Pay Level		
5. Name of Organization ( <i>Agency, Department, Office, Division, Branch, etc.</i> )		
6. Amount of Annual Leave 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		
10. Signature		Date Signed

REPRODUCE LOCALLY

ENCLOSURE (2)