



UNITED STATES MARINE CORPS
MARINE CORPS AIR STATION
BOX 99100
YUMA, ARIZONA 85369-9100

StaO 5300.1
3BH
11 SEP 2000

STATION ORDER 5300.1

From: Commanding Officer, Marine Corps Air Station, Yuma AZ
To: Distribution List

Subj: VOLUNTARY LEAVE TRANSFER PROGRAM FOR NONAPPROPRIATED FUND
EMPLOYEES

Ref: (a) DoD 1401.1M
(b) MCO P5300.9C

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

1. Purpose. To update local policies and procedures for administering the voluntary leave transfer program for nonappropriated fund (NAF) employees as authorized by references (a) and (b).

2. Cancellation. StaO 7542.1A

3. Information. The voluntary leave transfer program is intended to allow individuals to donate 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 the Nonappropriated Fund Personnel Office (NPO).

4. Definitions.

a. Leave Recipient. A current employee, affected by a medical emergency, whose application has been approved through the chain of command to receive annual leave from annual leave accounts of one or more leave donors.

b. Leave Donor. An employee submitting a voluntary written request to transfer annual leave to the annual leave account of an approved leave recipient.

c. Medical emergency. A medical condition of an employee or a family member that is likely to require the employee's absence from

11 SEP 2000

duty 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.

5. Policy

a. Any regular full-time or regular part-time nonappropriated fund employee may be considered as a leave recipient or a leave donor under the Voluntary Leave Transfer Program.

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.

6. Procedures and Responsibilities

a. Requesting to Become a Leave Recipient. The requestor will submit enclosure (1) through the chain of command to the NPO. 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 NPO 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 is (or is expected to be) at least ten work days. Final approval will be made by the MCCA Director.

c. The NAF 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 the Department of Navy (DON) regarding the administration of the leave donation 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 requestor will submit enclosure (2) to the NPO.

11 SEP 2000

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. For example, if a donor has fifty (50) hours of use or lose leave at the date of the transfer, but only twenty (20) working hours remain in the leave year, the employee may donate no more than twenty (20) hours of annual leave. A minimum of one (1) hour is required for donation purposes. Employees may not donate leave to their immediate supervisors.

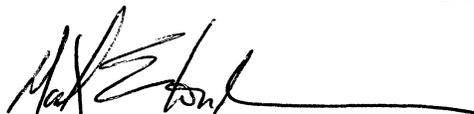
(2) The NAF Personnel Officer will review the request to ensure that it does not violate any of the restrictions discussed above and will inform the employee and the NAF Payroll Office of the acceptance or denial of the request to become a leave donor. The request and the approval/denial letter will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

7. Accounting for Donated Leave

a. The NAF Personnel Officer will monitor, by pay period, the transferred leave to be credited to the leave recipient's account on an as needed basis. Annual and sick leave that accrues to a leave recipient shall be used before any transferred annual leave.

b. The NAF Payroll Office will transfer leave from the donor's annual leave account to the recipient's annual leave account. The amount of transferred leave will be based on an hour for hour basis.

8. Records Maintenance. The NPO will maintain a complete case file for each request to become a leave recipient. The NAF Payroll Office will maintain the leave transfer records as appropriate.



MARK E. CONDRA

Distribution: 3BH (15)
3EA4 (5)
AFGE 2104 (1)

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 <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. Payroll Office 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 *(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? No 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 <i>(If Applying on Behalf of the Applicant)</i>	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

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.

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

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 of 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 (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. 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)