

# Leave Recipient Application Under The Voluntary Leave Transfer Program

1. Applicant's Name <i>(Last, First, Middle)</i>	2. Social Security Number	3. Employee Number
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4. Position Title, Pay Plan, and Grade/Pay Level
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5. Name of Organization <i>(Agency, Department, Office, Division, Branch, etc.)</i>	6. Payroll Office Number
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7. Nature and Severity of the Medical Emergency
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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  <div style="text-align: center;">01 Jan 1900</div>	10. Date Medical Emergency Ended <i>(or is Expected to End)</i>  <div style="text-align: center;">01 Jan 1900</div>
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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 the illness.)</i>
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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?
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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.
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<input type="checkbox"/> Check, if the Applicant Does Not Wish to Have Name Used With the Description or Disclose to Anyone Except Supervisor, the Supervisory Channel and the Deciding Official, and Individuals Who Maintain the Program.
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15. Name of Individual Completing the Application <i>(If Applying on Behalf of the Applicant)</i>	Relationship to Applicant	Telephone Number
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16. I Certify that the Above Statements are True. Signature of Applicant or Individual Applying on Behalf of the Applicant	Date Signed  <div style="text-align: center;">01 Jan 1900</div>
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**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 a 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
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