Transfer of Leave Records for Leave Recipient Covered by the Voluntary Leave Transfer Program

Agencies must use this form for the purpose of recording the status of a current leave recepient under the voluntary leave transfer program (authorized under 5 U.S.C.6332) when he or she transfers to another Federal agency without a break in service. The employing agency from which the employee is transferring must complete this form and forward it to the employing agency to which the employee is transferring.

To Be Completed By Transferring Agency

1. Name of current leave recipient *(Last, first, middle)*			2. SSN (Last 4 digits)
3. Date medical emergency began	4. Date medical emergency terminated *(if applicable)*	5. Date employee was approved to become a leave recipient	6. Effective date of separation *(transfer)*

7. Total hours of annual leave donated to leave recipient as of the date of separation	8. Total hours of donated annual leave used by the leave recipient as of the date of separation	9. Total hours of unused donated annual leave as of the date of separation

10. Remarks - Provide a list of all employees who donated annual leave to the leave recipient, including the total amount of annual leave donated by each employee

11a. Individual's name who can provide further information	11b. Telephone number

12a. Authorizing official's typed name	12b. Title

12c. Signature	12d. Date Signed