



CIVILIAN PERSONNEL FLIGHT FACTSHEET

Current as of December 2020

VOLUNTARY LEAVE TRANSFER PROGRAM

GENERAL PURPOSE: The Voluntary Leave Transfer Program allows an employee who has a medical emergency and is without the availability of any paid leave (to include Time Off Award and compensatory time), to receive transferred annual leave directly from other employees with the concurrence of the respective management officials. A medical emergency is defined as a medical condition of an employee or a family member of an employee that is likely to require an employee's absence from duty for a prolonged period of time and would result in a substantial loss of income to the employee because of the unavailability of paid leave.

APPLICATION TO BE A LEAVE RECIPIENT:

RECIPIENT RESPONSIBILITIES:

- Employee completes sections 1 through 16b of Office of Personnel Management (OPM) *Form 630 Application to Become a Leave Recipient under the Voluntary Leave Transfer Program* (or if not capable of making application, due to physical or mental impairment, the leave applicant or immediate family member may designate a personal representative in writing to make the application). Note: requests to be a leave recipient may be made before or during the period of needed absence, but no later than the end of the pay period of the employee's return to duty or termination of the medical emergency.
- Employee provides immediate supervisor the completed application, documentation from the treating physician or other appropriate expert showing the diagnosis, prognosis, and duration of the illness, and any attachments that may be used as evidence that will assist the approving official with making a decision.

SUPERVISOR RESPONSIBILITIES:

- First level supervisor reviews, verifies, and validates the employee information contained in the application. The supervisor must determine that the employee's absence from duty without available paid leave because of the medical emergency is or is expected to be at least 24 hours (or in the case of an employee working a part-time or uncommon tour of duty, at least 30% of the average number of scheduled hours per pay period) and is likely to result in a substantial loss of income to the employee because of the unavailability of paid leave.
- Supervisor completes the Supervisory Endorsement of VLTP Participation (Attachment below) and signs section 17 of the OPM Form 630
- Supervisor sends OPM Form 630, supervisory endorsement, and the supporting medical documentation to the Civilian Personnel Flight's Employee Relations Section, 86 FSS/FSCA-E at 86fss.fsec.us-emr@us.af.mil within five (5) calendar days from the date of receipt of the application.

86 FSS/FSCA-E (Employee Management Relations) • Unit 3221, APO, AE, 09094-3221
Ramstein AB, Building 2120 • DSN: 314-478-6714/7143 • Fax: 480-7054

E-mail: 86fss.fsec.us-emr@us.af.mil

86 FSS/FSCA-E (APPROVING OFFICIAL) RESPONSIBILITIES:

- Within ten (10) calendar days after receipt of the application from the supervisor 866 FSS/FSCA-E completes section 18 of the OPM Form 630 to approve or disapprove the application and completes the following applicable actions:
 - If the application is approved, a copy of the approved application is to be provided to the applicant with copies to the first level supervisor and the civilian payroll office.
 - If the application is disapproved, provide direct written notice to the applicant that the application has been disapproved and the reasons for disapproval. A copy of the disapproved application is sent to the supervisor.
- Provide guidance and assistance to the supervisor, recipient and donors regarding the program.

DONOR PROCEDURES:

- Employee wishing to donate will fill out the OPM Form 630-A, *Request to Donate Annual Leave to Leave Recipient Under the Voluntary Leave Transfer Program (Within Agency)*, or 630-B, *Request to Donate Annual Leave to Leave Recipient Under the Voluntary Leave Transfer Program (Outside Agency)*, and forward to 86 FSS/FSCA-E at 86fss.fsec.us-emr@us.af.mil.
- Donors should note the following restrictions regarding donating leave:
 - An employee may only donate from **available annual leave** balance and the leave must be in **whole hours** only (no partial hours).
 - An employee may donate no more than a total of 1/2 of the annual leave they are entitled to accrue during the leave year. For example, an employee who earns 104 hours of annual leave (4 hours/pay period) may donate a maximum of 52 hours.
 - An employee with **use-or-lose** leave may donate no more than the number of hours remaining in the leave year (as of the date of donation) for which they are scheduled to work and receive pay. For example, if two weeks before the end of the leave year a leave donor has 100 hours of use or lose leave and is scheduled to work for only 60 hours, up to 60 hours may be donated.
 - Note: The maximum donation limitations above may be waived, in writing, by the installation commander (or equivalent) or their designee, provided the employee has extenuating circumstances and it has been documented as such.
 - A supervisor is prohibited from receiving donated leave from a subordinate employee.

REFERENCES:

DODI1400.25V630_AFI 36-815, *Leave*, https://static.e-publishing.af.mil/production/1/af_a1/publication/dodi1400.25v630_afi36-815/dodi1400.25.v630_afi36-815.pdf

OPM Forms 630, 630-A, 630-B, and 630-C: <http://www.opm.gov/forms/html/opm.asp>

ATTACHMENT:

Supervisory Endorsement of VLTP Participation

Supervisory Endorsement of VLTP Participation

___ I acknowledge that I have verified and validated the employment information contained in the OPM 630 *Application to Become a Leave Recipient Under the Voluntary Leave Transfer Program*.

___ I have determined that the employee's absence from duty without available paid leave because of the medical emergency is or is expected to be at least 24 hours and is likely to result in a substantial loss of income to the employee because of the unavailability of paid leave.

___ I acknowledge that if approved, I will validate the continuing nature of the hardship each pay period and upon termination of the hardship, stop the allocation of transferred leave.

___ I acknowledge that if approved, I am responsible to properly annotate time and attendance records to insure that all available paid leave is exhausted before any transferred annual leave is used by the applicant. I will work closely with the civilian payroll office to monitor the use of transferred leave. (T-1)

___ I recommend approval/disapproval of the employee's absence from the workplace.

___ I recommend approval/disapproval of the application based on the hardship as described by the applicant.

Employee's Name

1st Level Supervisor's Signature/Date