

USUHS INSTRUCTION





UNIFORMED SERVICES UNIVERSITY OF THE HEALTH SCIENCES



SUBJECT: Voluntary Leave Transfer Program

Instruction 1424

MAY 21 2003

(CHR)

ABSTRACT

The purpose of this Instruction is to establish the policies and procedures of the Uniformed Services University of the Health Sciences (USUHS) Voluntary Leave Transfer Program, whereby unused accrued annual leave of one employee may be transferred for use by another employee who requires it because of a medical emergency.

A. Reissuance And Purpose. This Instruction reissues USUHS Instruction 1424^a and governs the voluntary transfer of annual leave for civilian USUHS/Armed Forces Radiobiology Research Institute (AFRRI) employees.

B. References. See *Enclosure 1*.

C. Applicability. This Instruction applies to USUHS/AFRRI civilian employees in pay plans General Schedule (GS), General Manager (GM), Wage Grade (WG), Wage Leader (WL), and Wage Supervisor (WS) who are subject to leave provisions as defined in Title 5, USC, Section 63^b. Excluded from this Instruction are faculty and staff members who are in the pay plan "Administratively Determined" (AD) since they do not earn leave that is subject to the provisions of 5 CFR, Part 630^c.

D. Definitions. See *Enclosure 2*.

E. Policy. It is the USUHS policy that employees covered by this Instruction who are affected by a medical emergency may

apply to become leave recipients. An approved leave recipient may:

1. Use transferred leave on a current basis;

2. Retroactively substitute transferred leave for Leave Without Pay (LWOP) that had been taken during the medical emergency; or

3. Use it to substitute for any advanced leave granted.

F. Responsibilities.

1. The Director, Civilian Human Resources (CHR) shall:

a. Inform employees about the USUHS Voluntary Leave Transfer program;

b. Advise management on the regulatory aspects of the program that pertain to such matters as the usage of donated annual leave by a recipient and the restoration of leave to a donor;

c. Approve/disapprove an application based on a Chair's recommendation with supporting documentation;

- d. Notify applicants and their supervisors of the decision within 10 working days;
- e. Assist personnel in assuring proper approval and accounting for leave;
- f. Verify that the requested donation may be properly made (that the recipient is not the donor's immediate supervisor);
- g. Advise the donor when there is a problem with the proposed donation;
- h. Restore unused donated leave to donor(s);
- i. Verify that donations have been made on a voluntary basis (i.e., without inducement, intimidation, or coercion);
- j. Solicit leave donations;
- k. Determine that the 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 a part-time employee or an employee with an uncommon tour of duty) at least 30 percent of the average number of hours in the employee's biweekly scheduled tour of duty;
 1. Forward a memorandum, as appropriate, to the payroll supervisor, Defense Finance and Accounting Service (DFAS), Charleston, SC, who will make the appropriate deductions from the donor(s)' annual leave account and make appropriate adjustments to the recipient's leave-sharing account. The memorandum shall include the recipient's name, social security number, amount of leave, donor's name(s), and the amount of leave donation; and
 - m. Calculate and notify DFAS of the amount of unused donated leave to be restored.

2. The Leave-Sharing Recipient shall:
 - a. Apply in writing to become a leave recipient using an Optional Form OF-630, *Enclosure 3*;
 - b. Submit the application to his/her immediate supervisor with supporting medical documentation; and
 - c. Abide by the established policies and regulations.

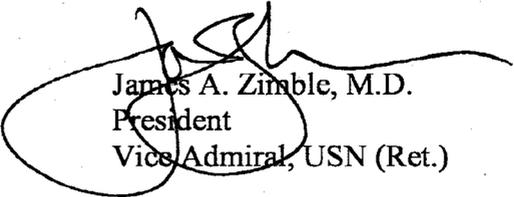
3. Supervisors shall:
 - a. Forward the leave-sharing request to the Chair/Activity Head; and
 - b. Monitor the recipient's medical emergency so that the donated leave is not used for purposes that are not allowed.

4. Department Chairs/Activity Heads shall review leave sharing requests and forward them to CHR with recommendation of approval/disapproval based upon the existence of a medical emergency, as explained by appropriate medical documentation.

5. The Leave-Sharing Donor shall:
 - a. Submit an OF-630-A, *Enclosure 4*; or an OF-630-B, *Enclosure 5*, to CHR requesting that a specified number of hours from his/her accrued annual leave be transferred to the leave recipient; and
 - b. Obtain approval from CHR for the accrued annual leave to be transferred to the recipient.

G. Procedures. See *Enclosure 6*.

H. Effective Date. This Instruction is effective immediately.



James A. Zimble, M.D.
President
Vice Admiral, USN (Ret.)

Enclosures:

1. References
2. Definitions
3. Optional Form 630, "Leave Recipient Application"
4. Optional Form 630-A, "Request to Donate Annual Leave to Leave Recipient (Within Agency)"
5. Optional Form 630-B, "Request to Donate Annual Leave to Leave Recipient (Outside Agency)"
6. Procedures

REFERENCES

- (a) USUHS Instruction 1424,
“Voluntary Leave Transfer
Program,” dated September 25,
1996 (hereby cancelled)
- (b) Title 5, United States Code,
Section 63, “Voluntary Leave
Transfer Program,” dated June 25,
1990
- (c) 5 Code of Federal Regulations,
Part 630, “Absence and Leave”

DEFINITIONS

1. Leave-Sharing Recipient. A current employee who has received approval of an application for transfer of annual leave from the annual leave accounts of one or more leave donors.
2. Leave-Sharing Donor. An employee who has voluntarily submitted a request for transfer of annual leave to the annual leave account of a leave recipient who has been approved by his/her employing agency.
3. Medical Emergency. A medical condition of an employee or family member that is likely to require an employee's absence from duty for an extended period of time and will result in a substantial loss of income to the employee because of the unavailability of paid leave. A maternity situation will be considered in the same manner as other medical conditions of similar durations. Elective surgery for employees or their family members is not considered a medical emergency.
4. Family Member. Means the following relatives of the employee:
 - a. Spouse and the spouse's parents;
 - b. Children, including adopted children and their spouses;
 - c. Parents;
 - d. Brothers, sisters, and their spouses; and
 - e. Any individual related by blood or affinity, whose close association with the employee is the equivalent of a family relationship.
5. Paid Leave Status. The administrative status of an employee while the employee is using annual or sick leave that has been accrued or accumulated.
6. Shared Leave Status. The administrative status of an employee while the employee is using transferred leave.
7. Transferable Leave. Accumulated annual leave transferable to another employee. Sick leave may not be transferred to another employee.

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) <div style="text-align: center;">Employee's</div> <input type="checkbox"/> Employee <input type="checkbox"/> Family Member	9. Date Medical Emergency Began	10. Date Medical Emergency Ended (or is Expected to End)
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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?
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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? 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 (If Applying on Behalf of the Applicant)	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
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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 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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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.

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 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 (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

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

Request To Donate Annual Leave To Leave Recipient (*Outside 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.

PART A - 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. Relationship of Leave Donor to Leave Recipient (if any)
6. Leave Donor's Agency (Agency, Department, Office, Division, Branch, etc.)			
7. Amount of Annual Leave as of End of Last Pay Period	8. Amount of Leave Projected to Forfeit This Leave Year as of End of Last Pay Period		9. Amount of Annual Leave To Be Transferred
10. Leave Recipient's Name, Agency, Agency's Address, Organization (Agency, Department, Office, Division, Branch, etc.)			
11. Leave Donor's Signature			Date Signed

PART B - TO BE COMPLETED BY EMPLOYING AGENCY OF LEAVE DONOR

INSTRUCTIONS: Upon completion and approval of this form, forward a copy to the leave recipient's employing agency as soon as possible so that the transfer of leave can take place.

12. Enter the Amount of Annual Leave to Be Credited to the Leave Recipient's Annual Leave Account	
13. If the agency is waiving the maximum limitations for leave donation under the Voluntary Leave Transfer Program, describe the special circumstance that warrants the waiver.	
14. Name of Agency Contact Who Can Provide Further Information	Telephone Number

I certify that the leave donor currently has sufficient annual leave in his/her annual leave account to make a donation for the requested amount of annual leave and that the amount of the donation does not exceed the maximum limitations for leave donation under the voluntary leave transfer program.  Signature of Authorizing Official and Date Signed

PROCEDURES

1. Applying to Become a Leave Recipient.

a. A current employee affected by a medical emergency must submit an OF-630 in order to become a leave recipient. In the event that an employee is not capable of making the application on his/her own behalf, a personal representative may make the application. However, if a personal representative plans to make the application, he/she must have reasonable assurance that it is the wish of the potential leave recipient to have an application made on his/her behalf.

b. Each application is to be submitted initially to the immediate supervisor of the potential leave recipient for consideration and must include:

- (1) The name, position, title, grade, and step of the applicant;
- (2) A brief description of the nature, severity, and the anticipated duration of the medical emergency; if a recurring one, and the approximate frequency of the medical emergency situation affecting the applicant;
- (3) Certification from a physician or other appropriate expert with respect to the medical emergency. Additional certifications may be required by the USUHS, but at no cost to the employee; and
- (4) Any additional information that is deemed necessary by the USUHS to support the request.

c. The supervisor shall submit the application to the department chair/activity head who will recommend approval/disapproval and forward it to CHR.

2. Approval of Leave Sharing Applications.

The Director, CHR or his/her designee will review, evaluate, and approve/disapprove leave-sharing applications.

3. Notifying Employees About Their Applications.

a. If the application to become a leave recipient is approved, the applicant or representative who made the application on behalf of the recipient shall be notified of the approval within 10 working days from the date the application was received. The recipient shall also be advised that other employees in the USUHS may now request the transfer of annual leave to the recipient's account.

b. If the application is disapproved, the Director, CHR or his/her designee shall notify the applicant or representative who made the application on behalf of the applicant, of the disapproval and the reasons for disapproval within 10 working days from the date the application was received.

4. Soliciting Leave Donations.

a. CHR shall, if requested, announce medical emergency situations so that eligible USUHS/AFRRI employees may donate annual leave to an approved leave recipient. These announcements shall include:

- (1) Name of recipient;
- (2) Confirmation that the employee is an approved leave recipient;
- (3) Who may donate; and
- (4) Limitations with respect to the amount of leave that may be donated.

b. In some cases, a leave recipient may already have received an indication from other employees about their willingness to donate annual leave to the recipient. In such instances, it may not be necessary to seek donations through public announcement of the recipient's medical emergency.

5. Donating Leave.

a. An employee within the USUHS/AFRRI may submit an OF-630-A to CHR requesting that a specified number of hours (but not less than one hour) be transferred from his/her accrued annual leave account to the annual leave account of a specified leave recipient, subject to the provisions below:

- (1) Leave donors may not request the transfer of annual leave to their immediate supervisor;
- (2) A leave donor may not donate leave that has not been earned and is not already in his/her accrued annual leave account;
- (3) In any one leave year, a leave donor may not donate more than one-half of the amount of annual leave he/she would be entitled to accrue during the leave year in which the donation is made. This one-half limit applies whether the leave is donated all at one time or in increments at various times during the leave year;
- (4) A leave donor who is projected to have annual leave that would otherwise be subject for forfeiture at the end of the leave year may donate the lesser of:
 - (a) One-half of the amount of annual leave he/she would be entitled to accrue during the leave year in which the donation is made, or
 - (b) The number of hours remaining in the leave year (as of the

date of the transfer) that the leave donor is scheduled to work and receive pay; and

(5) The restrictions listed in subparagraphs 5.a.(2)-(4) of this *Enclosure* may be waived on a case-by-case basis by the President, USUHS.

b. Leave donors who donate leave to employees of other agencies should submit an OF-630-B. They are also subject to the restrictions in subparagraphs 5.a.(2)-(4) of this *Enclosure*.

c. The Director, CHR or his/her designee may accept donations from donors employed in other agencies when appropriate officials in the leave donor's agency have approved the leave donor's request to transfer the leave and one of the following conditions is met:

- (1) He/she determines that the leave available from donors within the USUHS/AFRRI will not meet the needs of the recipient;
- (2) The leave donor is a "family member" of the leave recipient; or
- (3) He/she determines that acceptance of leave transferred from another agency would further the purpose of the voluntary leave transfer program.

6. Using Transferred Leave.

a. The leave recipient may use annual leave transferred to his/her annual leave account only for purposes of a medical emergency for which the leave was approved.

b. Any annual or sick leave accrued or accumulated (prior to the date the application to become a leave recipient was approved) must be used before any transferred annual leave may be used.

c. Transferred leave may not be:

- (1) Transferred to another leave recipient, except at the election of the

leave donor (unused transferred annual leave restored to a leave donor upon termination of a leave recipient's medical emergency, may be transferred in whole or part to another leave recipient at the election of the leave donor);

(2) Included in a lump-sum payment;

(3) Made available for re-credit upon reemployment by a Federal agency; or

(4) Used after the recipient's medical emergency has been terminated (see paragraph 8. of this *Enclosure*).

7. Accrual of Annual and Sick Leave.

a. The maximum amount of sick or annual leave a leave recipient may accrue is 40 hours. After the 40 hour maximum is reached, the Defense Finance and Accounting Service halts accrual since the recipient is not working and is using donated leave.

b. Any leave accrued by a leave recipient while in a shared leave status shall be credited to a separate annual or sick leave account and shall not become available for use:

(1) Until the beginning of the first pay period beginning on or after the date the medical emergency terminates; or

(2) If the medical emergency continues after the recipient exhausts all donated leave, the recipient may then use his/her accrued leave.

c. If, at the beginning of the new year, a leave recipient is advanced the amount of annual leave he/she would normally accrue during the entire leave year, the following shall apply:

(1) 40 hours (or in the case of a part-time employee or an employee with an uncommon tour of duty, the average number of hours of work in the employee's weekly scheduled tour of

duty) of annual leave will be placed in a separate annual leave account and made available for use as described in paragraph 7.b.; and

(2) The leave recipient will continue to accrue annual leave while in a shared leave status for the purpose of reducing the indebtedness caused by the use of annual leave advanced at the beginning of the leave year.

d. When a leave recipient's medical emergency terminates as described in 8.a. below, no leave will be credited to the employee.

8. Termination of the Medical Emergency.

a. CHR shall ensure the medical emergency of the recipient is continually monitored and is terminated:

(1) When the leave recipient separates from the USUHS/AFRRI;

(2) At the end of the biweekly pay period in which USUHS receives written notice from the recipient or his/her personal representative that he/she is no longer affected by a medical emergency;

(3) At the end of the biweekly pay period that the USUHS determines the recipient is no longer affected by a medical emergency; or

(4) At the end of the biweekly pay period that the USUHS is notified that the Office of Personnel Management (OPM) has approved disability retirement for the leave recipient.

b. Medical Emergency leave is also terminated with the resignation of the leave recipient's employment or transfer from an agency operating a voluntary leave transfer program to an agency operating a voluntary leave bank program.

9. Restoring Unused Transferred Annual Leave.

a. Upon the termination of a medical emergency, CHR shall notify Civilian Payroll in a memorandum of how much annual leave to restore to each donor employee.

b. Appropriate amounts determined by the formula below shall be returned to donors who are currently employed by the USUHS or another Federal agency:

(1) Divide the number of hours of unused annual leave by the total number of hours of annual leave donated to the recipient by all donors;

(2) Multiply the ratio obtained in 9.b.(1) by the number of hours of annual leave transferred by each leave donor eligible for restoration;

(3) Round the result in 9.b.(2) to the nearest whole hour; then

(4) If the total number of eligible leave donors exceeds the total number of hours of annual leave to be restored, none of the unused leave will be restored. In no case shall the amount of annual leave restored to a donor exceed the amount that was donated by that donor.

c. Leave donors may elect to have unused donated annual leave restored to their annual leave accounts in the current leave year or effective the first day of the next leave year, or donated in whole or part to another leave recipient.

10. Documenting Transferred Leave.

a. Transactions with respect to leave donated, used, and unused under this leave transfer program will be documented on USUHS Form 1424.

b. USUHS Form 1424 is used as follows:

(1) Upon receipt of an OF-630-A showing the annual leave donated to a recipient, CHR will enter into the log the

recipient's information and the total number of annual leave hours received from all donors;

(2) CHR will subtract the amount of donated leave used each pay period from that total;

(3) Additions of donated leave and its usage throughout the medical emergency will be entered into the log by CHR as covered in 10.b.(1) and 10.b.(2); and

(4) This log will provide CHR with the unused donated leave balance at the time the recipient's medical emergency terminates. That balance is used to determine the annual leave to be restored to the donors.

c. CHR will retain copies of the OF-630-A/B with the log since the information on the form must also be used in the leave restoration process to the donors.

11. Prohibition of Coercion.

An employee may not directly or indirectly intimidate, threaten, coerce or attempt to intimidate, threaten, or coerce any other employee, or in any way interfere with any rights of another employee to participate or not participate in the Voluntary Leave Transfer Program. This prohibition includes promising to confer or conferring any benefit (such as an appointment, promotion, or compensation) or effecting or threatening to effect any reprisal (such as deprivation of appointment, promotion, or compensation).

12. Interagency Leave and Transfers.

a. USUHS employees may request a transfer of their annual leave from employees in other agencies in the event of a medical emergency. Such a transfer may occur only if the receiving agency

has an existing leave transfer program and if the request for leave transfer complies with the requirements set forth in this Instruction and the receiving agency's regulations.

b. When leave recipients

experiencing a medical emergency transfer to another Federal agency, the unused donated annual leave shall transfer with the employee to his/her new agency for future use.

Attachment: USUHS Form 1424, "USUHS Log for Recording Leave Donated to and Used by a Recipient"

USUHS LOG FOR RECORDING LEAVE DONATED TO AND USED BY A RECIPIENT

Name of Recipient: _____

Position Title: _____ Grade/Step: _____

Department: _____ Phone: _____

Month/Year: _____

<u>Pay Period</u>	<u># of Hours Leave Donated</u>	<u># of Hours Leave Used</u>	<u># of Hours Leave Balance</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
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