

**Request to Donate Annual Leave to Leave Recipient
Under the Voluntary 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 certify that I have at least 2 weeks accrued sick leave or annual leave remaining.

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, or I can elect to donate my pro-rated share to another leave recipient. If I am no longer employed, the pro-rated share will be reimbursed to me. I understand that when re-crediting the pro-rated share, I will not receive back leave that I would have otherwise lost under "use or lose," during the year in which the leave was originally donated.

To Be Completed By Leave Donor

1. Name (Last, first, middle)		2. Employee Number	
3a. Position Title		3b. Pay Plan	3c. Grade/pay level
4a. Branch		4b. Office telephone number	
5. Amount of annual leave accrued as of end of last pay period	6. Amount of leave projected to forfeit this leave year as of end of last pay period	7. Amount of annual leave to be transferred	
8. Individual's name or identification number to whom leave is being donated			
9a. Signature			9b. Date Signed