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	o Be Completed By Trai	nsferring .	Agency				
1.	. Name of current leave recipient (Last, first, middle)					2. Social Security Number	
3.	Date medical emergency began	Date medical emergency terminated (if applicable)		Date employee was approved to become a leave recipient		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 e donated by each employee	employees w	ho donated annual lea	ave to the leave recipient,	including	the total amount of annual leave	
11a. Individual's name who can provide further information 1					11b.	. Telephone number	
12a. Authorizing official's typed name				12b. Title			
12	c. Signature				12d.	. Date Signed	

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