



VOLUNTARY LEAVE TRANSFER PROGRAM APPLICATION

APPLICANT INFORMATION

LAST NAME		FIRST NAME		MI	SOCIAL SECURITY NUMBER
DAYTIME PHONE NUMBER ()		BUILDING/ROOM NUMBER		NAME OF ORGANIZATION (Agency, Department, Office, Branch, etc.)	
POSITION TITLE		PAY PLAN AND GRADE/PAY LEVEL	TIMEKEEPER NAME AND PHONE NUMBER		TIMEKEEPER NUMBER
ANNUAL LEAVE CATEGORY <input type="checkbox"/> 4 <input type="checkbox"/> 6 <input type="checkbox"/> 8		INDIVIDUAL AFFECTED BY MEDICAL EMERGENCY (Check one) <input type="checkbox"/> Employee <input type="checkbox"/> Employee's Family Member		DATE MEDICAL EMERGENCY BEGAN	DATE MEDICAL EMERGENCY ENDED

NATURE AND SEVERITY OF THE MEDICAL EMERGENCY

NAME OF THE 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.)

DOES THE APPLICANT WANT A DESCRIPTION OF THE MEDICAL EMERGENCY INCLUDED IN THE PUBLIC ANNOUNCEMENT?
 No Yes If "Yes," provide the description below.

NAME OF INDIVIDUAL COMPLETING THE APPLICATION (If Applying on Behalf of the Applicant)		RELATIONSHIP TO APPLICANT	TELEPHONE NUMBER ()
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I CERTIFY THAT THE ABOVE STATEMENTS ARE TRUE	SIGNATURE OF APPLICANT OR INDIVIDUAL APPLYING ON BEHALF OF THE APPLICANT		DATE

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 SSN, as well as other data, is voluntary, but failure to do so may delay or prevent action on application.

AUTHORIZATION

FIRST LINE SUPERVISOR (Name)		TITLE	
<input type="checkbox"/> Approve <input type="checkbox"/> Disapprove		SIGNATURE	DATE
SERVICE DIRECTOR (Name)		TITLE	
<input type="checkbox"/> Approve <input type="checkbox"/> Disapprove		SIGNATURE	DATE
IF APPEALED - DECIDING OFFICIAL'S DECISION (Name)		TITLE	
<input type="checkbox"/> Approve <input type="checkbox"/> Disapprove		SIGNATURE	DATE