VOLUNTARY LEAVE TRANSFER PROGRAM  LEAVE RECIPIENT APPLICATION			1. PAYBLOCK NUMBER	
	PRIVACY ACT S	STATEMENT		
AUTHORITY:	EO 9397, November 1943 (SSN).			
PRINCIPAL PURPOSE(S):	Individuals wishing to participate in the Voluntary Leave Transfer Program as recipients of leave make application by completing this form. The information provided is used to validate the applicant's request.			
ROUTINE USE(S):	None.			
DISCLOSURE:	Voluntary; however, failure to provide requested information may impede the validation process.			
2. EMPLOYEE IDENTIFICATION				
a. NAME (Last, First, Middle Initial)			b. SOCIAL SECURITY NO.	
c. POSITION TITLE			d. GRADE/STEP	
e. ORGANIZATION			f. SALARY	
3. LEAVE DATA				
a. AS OF (YYMMDD) b. ANNUAL LEAVE   c. SICK LEAVE BALANCE   d. DATE AVAIL		d. DATE AVAILABLE LEAVE EXPIRES (YYMMDD)	e. ACCRUAL RATE FOR ANNUAL LEAVE	
4. MEDICAL EMERGENCY		<u> </u>		
a. DESCRIPTION (Attach appropria			W ((5	
b. EXPECTED DURATION c. APPROXIM		c. APPROXIMATE FREQUENC	IATE FREQUENCY (If recurring)	
5. CONTACT DURING PERIOD OF	EMERGENCY	1		
NUMBER (If available) (Include Area Code) (1) Na	HER POINT OF CONTACT (If applicable) me (Last, First, Middle Initial) lephone Number (Include Area Code)	(3) Address (Street, City, State and Zip Code)		
6. EMPLOYEE CERTIFICATION		L		
I am aware that publication of all or part of the above information may be necessary to find leave donors.				
a. SIGNATURE			b. DATE SIGNED (YYMMDD)	
7. SUPERVISOR APPROVAL				
a. SIGNATURE			b. DATE SIGNED (YYMMDD)	