



**DEPARTMENT OF THE NAVY**  
**SPACE AND NAVAL WARFARE SYSTEMS COMMAND**  
**4301 PACIFIC HIGHWAY**  
**SAN DIEGO, CA 92110-3127**

SPAWARINST 12630.1C  
SPAWAR 00A-HR  
18 Aug 2003

SPAWAR INSTRUCTION 12630.1C

From: Commander, Space and Naval Warfare Systems Command

Subj: VOLUNTARY LEAVE TRANSFER PROGRAM

Ref: (a) 5 CFR 630, Subpart I

Encl: (1) Leave Recipient Application Form, SPAWAR Form 12630/6  
(2) Leave Donor Application Form, SPAWAR Form 12630/7  
(3) Application to Donate Leave Outside the Agency, SPAWAR Form 12630/8

1. Purpose. To establish Space and Naval Warfare Systems Command (SPAWAR) policy and procedures for the Voluntary Leave Transfer Program.

2. Background. Reference (a) sets forth the policies and procedures applicable to voluntary leave transfer. The Voluntary Leave Transfer Program permits Federal employees to donate their annual leave for the use of other Federal employees in personal or family medical emergencies.

3. Cancellation. SPAWARINST 12630.1A of 18 March 1998 is cancelled.

4. Coverage. This instruction applies to SPAWAR Headquarters and associated Program Executive Office (PEO) employees and SPAWAR Field Activity employees provided personnel services by the Commander, Navy Region Southwest Human Resources Office (HRO). SPAWAR Field Activities not covered by this instruction may develop internal procedures to fit their needs as long as the requirements of reference (a) are followed. SPAWAR field activities may also use optional forms currently in use.

5. Policy. It is the policy of SPAWAR and the associated PEOs that any employee may apply to become a leave recipient or a leave donor. The decision as to whether or not an individual will be approved as a leave recipient will be based upon the nature and extent of the medical emergency as described by or on behalf of the employee. Approval of leave donors will depend on compliance of the request with the requirements of paragraph 9b.

18 Aug 2003

6. Definitions

a. Family Member. Spouse and parents thereof; children, including adopted children, and spouses thereof; parents' brothers and sisters and spouses thereof; and, any individual related by blood or affinity whose close association with the employee is the equivalent of a family relationship.

b. Leave Donor. An employee whose voluntary written request for transfer of annual leave to the annual leave account of a leave recipient is approved by the employing activity.

c. Leave Recipient. A current employee for whom the employing activity has approved an application to receive annual leave from the annual leave accounts of one or more leave donors.

d. Medical Emergency. A medical condition of an employee or family member of an employee that is projected to require an employee's absence from duty for a prolonged period of time and to result in substantial loss of income to the employee because of the unavailability of paid leave.

7. Delegation of Authority. Approval authority for leave recipient requests and donor applications for SPAWAR Headquarters is Directorate/Staff Office Heads. For all PEOs, authority has been delegated to Program Managers/Staff Office Heads. For SPAWAR Field Activities covered by this instruction, authority has been delegated to Department Heads.

8. Responsibilities

a. Managers and supervisors are responsible for:

(1) Ensuring that their subordinates are familiar with the requirements of this instruction.

(2) Administering the leave program including the accurate recording and reporting of time and attendance for employees under their supervision.

(3) Ensuring that leave recipients under their supervision report, on a bi-weekly basis, the status of the medical emergency.

(4) Ensuring that sensitive, personal information associated with a subordinate's application will be protected from unauthorized disclosure.

18 Aug 2003

b. Leave Transfer Program Coordinators (LTPC) are responsible for:

(1) Notifying applicants of the disposition of their application and publicize the need for leave via available outlets.

(2) Maintaining all required records and files.

(3) Submitting reports as requested by the Office of Personnel Management (OPM) or the Department of the Navy (DON).

(4) Notifying the servicing payroll office when a medical emergency terminates in order to restore transferred annual leave to each leave donor.

c. Leave Recipients are responsible for informing the LTPC by memorandum when the medical emergency has terminated.

## 9. Procedures and Eligibility

a. Leave Recipients. Employees who wish to apply to become leave recipients shall use enclosure (1). It must be completed in full including the actual or anticipated date of the medical emergency. Appropriate medical documentation must be attached to the form.

(1) Approved. The leave recipient's approving official shall review enclosure (1) to determine that the potential leave recipient is or has been affected by a medical emergency. Before approving an application to become a leave recipient, the approving official shall determine that the absence from duty without available paid leave, because of the medical emergency, was or is expected to be at least 24 work hours. In the case of part-time employees or employees with an uncommon tour of duty, the expected absence should be at least 30 percent of the average number of hours in the employees' biweekly scheduled tour of duty. The leave recipient shall be notified by the LTPC within ten working days that their application was received and approved.

(2) Disapproved. The LTPC shall notify the leave recipient within ten working days that the application was disapproved and the reasons for the disapproval. The notification shall include information regarding the employee's right to grieve the decision using the applicable administrative or negotiated grievance procedure.

SPAWARINST 12630.1C

18 Aug 2003

b. Leave Donors. Enclosure (2) is the request to donate annual leave to recipients within the agency. Enclosure (3) is the request to donate annual leave to leave recipients outside of the agency. Leave donors shall specify the number of hours of accrued annual leave to be transferred from his/her leave account to the annual leave account of a specified leave recipient. Leave donors should check with their LTPC to ascertain the internal processing requirements. When leave donors are donating leave to leave recipients outside of the SPAWAR claimancy, they must provide a point of contact (name, phone number, and fax number) at the leave recipient's activity. Potential leave donors may not donate leave to their immediate supervisor.

(1) Approved. The leave donor will be notified of the limitations on donations of annual leave, the number of hours of annual leave which will be transferred and the entitlement to have a portion of the unused transferred annual leave restored at the termination of the leave recipient's medical emergency.

(a) A leave donor may donate no 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.

(b) In the case of a leave donor who is projected to have annual leave that otherwise would be subject to forfeiture at the end of the leave year, the maximum amount that may be donated shall be the lesser of:

1 the number of hours remaining in the leave year (as of the date of the transfer) for which the leave donor is scheduled to work and receive pay or;

2 no 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.

(c) The limitations described above may be waived, in writing, by an approving official at a level higher than the level of the official who originally approved the leave donor's request.

(2) Disapproved. If disapproved, the employee will be notified in writing of the reasons for the disapproval and the right to grieve the decision under the applicable administrative or negotiated grievance procedure.

18 Aug 2003

## 10. Transfer of Annual Leave

a. The LTPC will notify the servicing Payroll Office upon approval of applications from leave donors and leave recipients.

b. SPAWAR and all associated PEOs will accept donations of annual leave from donors employed by other agencies provided:

(1) Leave donor is a family member of the recipient; or

(2) Amount of annual leave transferred from leave donors employed by SPAWAR or associated PEOs may not be sufficient to meet the needs of the leave recipient; or

(3) Acceptance of leave transferred from another agency would further the purpose of this program.

c. Annual leave transferred may be used on a current basis or substituted retroactively for periods of leave without pay (LWOP). It may also be used to liquidate an indebtedness for advanced annual or sick leave granted on or after a date established by the leave recipients' employing agency as the beginning of the period of medical emergency for which LWOP or advanced annual or sick leave was granted.

d. A leave recipient must use any accrued annual and sick leave if applicable, before using transferred annual leave.

e. The procedures specified in paragraph 9.(b) above will be followed for DON donors wishing to donate leave to employees of other agencies. Enclosure (3) shall be used for this purpose. The approved application (excluding the leave and earnings statement) will be forwarded to the leave recipient's employing agency following the procedures established by the employing agency.

## 11. Limitation on the Accrual of Annual and Sick Leave

a. While an employee is using transferred annual leave, annual and sick leave will accrue to the employee's credit at the same rate as if employee were exhausting earned paid leave. The maximum amount of annual and sick leave that may be accrued by an employee while in a transferred leave status in connection with any particular medical emergency may not exceed 40 hours of annual leave and 40 hours of sick leave.

b. Any annual leave or sick leave accrued by an employee while using transferred annual leave will be credited to a separate leave account. The leave earned will be recredited to

18 Aug 2003

the employee's leave account effective the beginning of the first pay period after the date on which the employee's medical emergency terminates.

c. If the employee's medical emergency terminates as described in 12a(1) below, no accrued leave will be credited to the employee as discussed under this section.

## 12. Termination of Medical Emergency

a. The medical emergency terminates:

(1) When the leave recipient's Federal service is terminated.

(2) At the end of the pay period in which written notice from the employee or a representative that the leave recipient is no longer affected by a medical emergency.

(3) At the end of the pay period in which SPAWAR/PEO determines, after written notice and opportunity for the leave recipient or his/her representative to answer orally or in writing, that the leave recipient is no longer affected by a medical emergency.

(4) At the end of the pay period in which SPAWAR/PEO receives notice that OPM has approved an application for disability retirement for the leave recipient under the Civil Service or the Federal Employee's Retirement Systems.

b. The leave recipient is responsible for immediately informing the LTPC by memorandum when the personal emergency has terminated.

c. The LTPC will monitor the status of the medical emergency affecting the leave recipient to ensure the employee continues to be affected by the medical emergency.

d. When the medical emergency terminates, no further requests for transfer of annual leave may be granted and any unused transferred annual leave remaining shall be restored to the leave donors.

e. The LTPC will notify the leave recipient's servicing payroll office when the medical emergency terminates in order to terminate the receipt of transferred leave to the leave recipient and recredit the remaining transferred leave to the leave donors. The LTPC will also notify the employing office of leave donors

outside SPAWAR/PEO of the termination of the leave recipient's medical emergency.

13. Restoration of Transferred Annual Leave

a. Upon notification from the LTTC, the servicing payroll office shall recredit leave donors of any remaining transferred annual leave. The amount returned to each donor will be calculated by prorating the share of the remaining leave to each donor based upon each donor's prorated share of the total leave donated.

b. The servicing payroll office will notify the donors, in writing, of the options available for the restoration of annual leave.

c. If a leave donor retires or is otherwise separated from Federal service before the date of unused transferred annual leave can be restored, the payroll office will not restore the unused annual leave.

14. Records Maintenance

a. The LTTC will maintain case files on all leave recipient and donor applicants and report any information requested by OPM or DON, via SPAWAR Headquarters.

b. The following information shall be maintained:

(1) The number of applications approved for medical emergencies affecting the employee and the number of applications approved for medical emergencies affecting an employee's family member.

(2) The grade or pay level of each leave recipient and leave donor.

(3) The total amount of annual leave transferred to each leave recipient's annual leave account.

(4) The estimated direct and indirect costs of processing leave transfer requests, monitoring the use of transferred leave, SPAWARINST 12630.1C and other related information related to administering the Voluntary Leave Transfer Program.

15. Forms. Enclosures (1) through (3) are the applicable forms to use when requesting or donating annual leave under the Voluntary Leave Transfer Program and may be reproduced locally.

SPAWARINST 12630.1C

18 Aug 2003

16. Action. Addressees shall comply with the provisions of this instruction.

/S/  
K. D. SLAGHT

Distribution:  
SPAWAR List 4  
SSC San Diego  
SSC Charleston  
SSC Chesapeake  
SITC  
SSFA  
PEO (IT)  
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<b>LEAVE RECIPIENT APPLICATION</b>		
<b>SECTION I - EMPLOYEE SECTION</b>		
a. APPLICANT'S NAME (Last, First, Middle)	b. SOCIAL SECURITY NUMBER	c. PHONE
d. POSITION TITLE, PAY PLAN, AND GRADE/PAY LEVEL	e. CODE	f. PAYROLL OFFICE NUMBER
g. NATURE AND SEVERITY OF THE MEDICAL EMERGENCY		
h. INDIVIDUAL AFFECTED BY MEDICAL EMERGENCY (Check One) <input type="checkbox"/> Employee <input type="checkbox"/> Employee's Family Member	i. DATE MEDICAL EMERGENCY BEGAN (or is expected to begin)	j. DATE MEDICAL EMERGENCY ENDED (or is expected to end)
k. 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.)		
l. DOES THE APPLICANT WANT A DESCRIPTION OF THE MEDICAL EMERGENCY PUBLICIZED TO SERVICING PERSONNEL OFFICES SO THAT OTHER EMPLOYEES MAY DONATE LEAVE TO THE ACCOUNT?  <input type="checkbox"/> NO <input type="checkbox"/> YES      IF YES, PROVIDE THE DESCRIPTION BELOW  <input type="checkbox"/> 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.		
m. NAME OF THE INDIVIDUAL COMPLETING THE APPLICATION (if applying on behalf of the applicant)	n. RELATIONSHIP TO APPLICANT	o. PHONE
p. SIGNATURE (Applicant or individual applying on behalf of the applicant) I CERTIFY THAT THE ABOVE STATEMENTS ARE TRUE		q. DATE
<b>SECTION II - PAYROLL SECTION</b>		
a. WHAT IS THE APPLICANT'S LEAVE BALANCE AS OF THE END OF THE LAST PAY PERIOD?	PAY PERIOD END DATE	b. HOW MANY HOURS OF LEAVE WITHOUT PAY HAVE BEEN USED FOR THIS MEDICAL EMERGENCY?
c. REMARKS		
d. SIGNATURE (Payroll Certification)		e. DATE
<b>SECTION III - MANAGEMENT SECTION</b>		
a. RECOMMENDATION (Check One) <input type="checkbox"/> APPROVE <input type="checkbox"/> DISAPPROVE	b. SIGNATURE (First Level Supervisor)	c. DATE
d. RECOMMENDATION (Check One) <input type="checkbox"/> APPROVE <input type="checkbox"/> DISAPPROVE	e. SIGNATURE (PMA)	f. DATE
g. DECISION (Check One) <input type="checkbox"/> APPROVE <input type="checkbox"/> DISAPPROVE	h. SIGNATURE (Deciding Official)	i. DATE
j. REMARKS		
<b>PRIVACY ACT STATEMENT</b>		
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 the application.		

**REQUEST TO DONATE ANNUAL LEAVE TO AGENCY LEAVE RECIPIENTS**

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 prorated share returned to me during either the current leave year or the following leave year (if returned at the end of the leave year), or I can elect to donate my prorated 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 an employee for the purpose of donating or using leave.

**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 the application.

**SECTION I – EMPLOYEE SECTION**

a. NAME	b. SOCIAL SECURITY NUMBER	c. PHONE
d. POSITION TITLE, PAY PLAN, AND GRADE/PAY LEVEL		e. CODE
f. NAME OF LEAVE RECIPIENT		g. HOURS TO DONATE
h. SIGNATURE		i. DATE

**SECTION II – MANAGEMENT SECTION**

a. <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED
b. IMMEDIATE SUPERVISOR SIGNATURE

**SECTION III – PAYROLL SECTION**

a. AMOUNT OF ANNUAL LEAVE AS OF END OF LAST PAY PERIOD	
b. AMOUNT OF LEAVE PROJECTED TO FORFEIT THIS LEAVE YEAR AS OF END OF LAST PAY PERIOD	
c. AMOUNT OF ANNUAL LEAVE TO BE TRANSFERRED	
d. SIGNATURE (PAYROLL CERTIFICATION)	e. DATE

18 Aug 2003

**REQUEST TO DONATE ANNUAL LEAVE TO LEAVE RECIPIENTS(OUTSIDE AGENCY)**

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 (if returned at the end of the 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.

<p><b>PRIVACY ACT STATEMENT</b></p> <p>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 the application.</p>
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**PART A – TO BE COMPLETED BY LEAVE DONOR**

NAME (Last, First, Middle)		SOCIAL SECURITY NUMBER	
POSITION TITLE, PAY PLAN, AND GRADE/PAY LEVEL		RELATIONSHIP OF LEAVE DONOR TO LEAVE RECIPIENT (if any)	
LEAVE DONOR'S AGENCY (Agency, Department, Office, Division, Branch, etc.)			
AMOUNT OF ANNUAL LEAVE AS OF END OF LAST PAY PERIOD	AMOUNT OF LEAVE PROJECTED TO FORFEIT THIS LEAVE YEAR AS OF END OF LAST PAY PERIOD	AMOUNT OF ANNUAL LEAVE TO BE TRANSFERRED	
LEAVE RECIPIENT'S NAME, AGENCY, AGENCY ADDRESS, ORGANIZATION (Department, Office, Division, etc.)			
LEAVE DONOR'S SIGNATURE		DATE SIGNED	

**PART B – TO BE COMPLETED BY EMPLOYING AGENCY OF LEAVE DONOR**

INSTRUCTIONS: Upon completion 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.	
AMOUNT OF ANNUAL LEAVE TO BE CREDITED TO THE LEAVE RECIPIENT'S ANNUAL LEAVE ACCOUNT	
IF THE AGENCY IS WAIVING THE MAXIMUM LIMITATIONS FOR LEAVE DONATION UNDER THE VOLUNTARY LEAVE TRANSFER PROGRAM, DESCRIBE THE SPECIAL CIRCUMSTANCES THAT WARRANTS THE WAIVER.	
NAME OF AGENCY CONTACT WHO CAN PROVIDE FURTHER INFORMATION	PHONE 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

SPAWAR FORM 12630/8 (1/98) REPRODUCE LOCALLY