Leave Recipient Application Under The Voluntary Leave Transfer Program

Optional Form 630
June1989
U.S. Office of Personnel Management
FPM Chapter 630

1. Applicant's Name *(Last, First, Middle)*	2. Social Security Number	3. Employee Number

4. Position Title, Pay Plan, and Grade/Pay Level

5. Name of Organization *(Agency, Department, Office, Division, Branch, etc.)*	6. Payroll Office Number

7. Nature and Severity of the Medical Emergency

8. Individual Affected by Medical Emergency *(Check One)*	9. Date Medical Emergency Began	10. Date Medical Emergency Ended *(or is Expected to End)*
☐ Employee ☐ Employee's Family Member		

11. 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.)*

12. What is the Applicant's Leave Balance as of End of Last Pay Period?	13. How Many Hours of Leave Without Pay Have Been Used for This Medical Emergency?

14. Does the Applicant Want a Description of the Medical Emergency Distributed to Servicing Personnel Offices so that Other Employees May Donate Leave to the Account? ☐ No ☐ Yes If "YES," Provide the Description Below.

☐ 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.

15. Name of Individual Completing the Application *(If Applying on Behalf of the Applicant)*	Relationship to Applicant	Telephone Number

16. I Certify that the Above Statements are True. Signature of Applicant or Individual Applying on Behalf of the Applicant	Date Signed

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

17. First Level Supervisor's Recommendation, Signature, and Date Signed	18. Deciding Official's Decision, Signature and Date Signed
☐ Approve ☐ Disapprove	☐ Approve ☐ Disapprove

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