

DEPARTMENT OF HOMELAND SECURITY
Transportation Security Administration

VLTP LEAVE DONATION REQUEST

INSTRUCTIONS: This form must be completed by all TSA employees donating annual leave, sick leave, and/or compensatory time off in lieu of overtime pay to an approved TSA leave recipient under the Voluntary Leave Transfer Program (VLTP), in accordance with [TSA MD 1100.63-1, Absence and Leave](#), and the associated [Handbooks](#). This form cannot be used for donations of leave to employees of other Federal agencies. With the exception of signatures, all requested information should be printed or typed. Completed forms should be submitted to the donor's Supervisor, HR Specialist/Program Office Liaison, or faxed directly to HCAccess at 1-877-872-7993 for processing. After processing, the completed form is filed in the leave recipient's case file.

SECTION A: LEAVE DONOR AND RECIPIENT INFORMATION

1. Name of Leave Donor (<i>Last, First, MI</i>)	2. Social Security Number (<i>last 4 digits</i>)	3. Leave Donor's Email
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4. Leave Donor's Position Title, Pay Plan, and Pay Band/Level	5. Relationship of Leave Donor to Leave Recipient
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6. Leave Donor's Office or Airport and HR Representative (Name and Email)
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7. Amount of Annual Leave previously donated current year: Amount of Annual Leave Projected to Forfeit This Leave Year As of End of Last Pay Period: Note: Per the TSA MD No. 1100.63-1, the maximum amount of annual leave to be donated is no more than one-half of the annual leave to be accrued in the current leave year.	8. Leave balances as of the end of the last pay period: Pay Period Sick Leave Annual Leave Restored Annual Leave Compensatory Time Off	9. Amount of Leave To be Transferred: <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; text-align: center;">Sick Leave</td> <td style="width: 50%; text-align: center;">Annual Leave</td> </tr> <tr> <td colspan="2" style="text-align: center;">Compensatory Time Off</td> </tr> <tr> <td colspan="2" style="text-align: center;">Restored Annual Leave</td> </tr> </table> Note: Donation hours are only able to be processed in whole hour increments	Sick Leave	Annual Leave	Compensatory Time Off		Restored Annual Leave	
Sick Leave	Annual Leave							
Compensatory Time Off								
Restored Annual Leave								

10. Leave Recipient's Name and Duty Location (Office/Airport Code)

SECTION B: EMPLOYEE'S ACKNOWLEDGEMENT

I request that leave be transferred to the leave account of the approved leave recipient identified above. This recipient is not my immediate supervisor. As of the date indicated below, I have enough of the designated leave in my account to cover this amount.

The amount of annual leave I am transferring is not more than ½ the number of hours I will accrue this leave year. I understand that the number of restored hours of annual leave that I may donate is limited only by the number of available hours I have to my credit.

I understand that the number of hours of compensatory time off in lieu of overtime pay that I may donate is limited only by the number of available hours I have to my credit. I understand that I may not donate compensatory time off for travel and compensatory time off for religious observances.

I understand that the number of hours of sick leave that I may donate is limited by the requirement for full-time employees to retain a balance of 80 hours for personal use. Part-time employees must retain a balance equal to the number of hours in the biweekly tour of duty as reflected on the SF-50, *Notification of Personnel Action*.

I understand that my decision to transfer leave is not revocable.

I understand that if a sufficient balance of unused annual leave or sick leave remains after the recipient's 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, or I can elect to donate my pro-rated share to another leave recipient. However, to do so, I must still be employed by TSA on the date the recipient's emergency terminates.

I understand that unused compensatory time off in lieu of overtime pay hours will not be returned to me. Any unused hours will be forfeited by myself and the leave recipient.

I have not been directly or indirectly intimidated, threatened, or coerced, or promised any benefit by any employee for the purpose of donating or using leave.

Leave Donor's Signature	Date Signed
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PRIVACY ACT STATEMENT: Authority: 49 U.S.C. 114(n). **Principle Purpose:** This information will be used to process your application to donate leave. **Routine Use(s):** This information may be shared with another federal agency in response to its request, in connection with the hiring of an employee or the issuance of a security clearance or for routine uses identified in the applicable system of records notice DHS/TSA 022 National Finance Center Payroll Personnel System (NFC). **Disclosure:** Voluntary; failure to furnish the requested information may result in an inability to donate leave.