

## Transfer of Donated Annual Leave To or From the Emergency Leave Transfer Program

Agency representatives must use this form for the purpose of donating or receiving annual leave from other agencies for the emergency leave transfer program. This form will be used only when an agency does not receive sufficient amounts of donated leave for their approved emergency leave recipients. OPM will facilitate the transfer of donated leave from/to agencies.

**Completed Form Must Be Faxed To OPM's Pay And Leave Administration Division (202) 606-0824**

|  |   |   |
|--|---|---|
| 1. Name of agency and/or organization  |   |   |
| 2. Major disaster or emergency declared by the President   |   |   |
| 3. Total number of hours (in whole hour increments) of donated annual leave available for transfer from your agency/organization to the emergency leave transfer program | 4. Number of emergency leave recipients approved by your agency | 5. Estimated number of hours (in whole hour increments) of donated annual leave needed for transfer to approved emergency leave recipients in your agency |
| 6a. Name of individual who can provide further information   |   | 6b. Telephone number (including area code)  |
|  |   | 6c. FAX number (including area code)  |
|  |   | 6d. Email address   |
| 7a. Authorizing agency official's signature  |   | 7b. Date signed   |
| 7c. Authorizing agency official's typed name   |   | 7d. Authorizing agency official's title   |

### ***For OPM Use Only for Receiving or Transferring Donated Leave***

|  |                                       |
|--|---------------------------------------|
| 8. Number of hours approved (in whole increments) of annual leave donated by your agency/organization to the emergency leave transfer program  | <b>Hours from agency</b>              |
| →  |                                       |
| 9. Number of hours (in whole hour increments) of donated annual leave transferred from the emergency leave transfer program to your agency/organization for dissemination to approved leave recipients | <b>Hours to agency</b>                |
| →  |                                       |
| 10a. OPM official's signature  | 10b. Date signed                      |
| 10c. Authorizing OPM official's typed name   | 10d. Authorizing OPM official's title |