## **Transfer of Leave Records for Leave Recipient Covered by the Voluntary Leave Transfer Program**

Agencies must use this form for the purpose of recording the status of a current leave recepient under the voluntary leave transfer program (authorized under 5 U.S.C.6332) when he or she transfers to another Federal agency without a break in service. The employing agency from which the employee is transferring must complete this form and forward it to the employing agency to which the employee is transferring.

To Be Completed By Transferring Agency								
1.	. Name of current leave recipient (Last, first, middle)						2. SÙÞÁÇŠæroÁ ÁåãããrD	
3.	Date medical emergency began	Date med terminate	edical emergency red (if applicable)	Date employee was approved to become a leave recipient			Effective date of separation (transfer)	
7.	7. Total hours of annual leave donated to leave recipient as of the date of separation		8. Total hours of donated annual leave used by the leave recipient as of the date of separation			9. Total hours of unused donated annual leave as of the date of separation		
10	Remarks - Provide a list of all e donated by each employee	employees w	ho donated annual lea	ive to the leave	ecipient, inclu	ding the	he total amount of annual leave	
11a. Individual's name who can provide further information						11b.	Telephone number	
12a. Authorizing official's typed name				12	b. Title			
12	c. Signature					12d.	Date Signed	

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