

Application to become a recipient of donated leave.

Employees must submit an OPM-630 application to his/her agency to become a leave recipient. The form is fillable and can be downloaded from the OPM Website:

www.opm.gov/forms/pdf_fill/opm630.pdf

Application to Become a Leave Recipient Under the Voluntary Leave Transfer Program

1. Applicant's name (Last, first, middle)		2. SSN (last 4 digits)	3. Employee Number
4a. Position title	4b. Pay plan	4c. Grade/pay level	
5. Name of organization (Agency, Department, Office, Division, Branch, etc.)		6. Office telephone number	
7. Nature and severity of the medical emergency			
8. Individual affected by medical emergency (check one) <input type="checkbox"/> Employee <input type="checkbox"/> Employee's family member		9. Date medical emergency began (or is expected to end)	
10. Date medical emergency ended (or is expected to end)			
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 illness.)			
12. What is the applicant's annual and sick leave balances as of end of last pay period? Annual leave balance: <input type="text"/> Sick leave balance: <input type="text"/>		13. How many hours of leave without pay have been used for this medical emergency? Hours: <input type="text"/>	
14. Provide a description of the medical emergency to be distributed to servicing personnel offices so that other employees may donate annual leave to the applicant. <input type="checkbox"/> Check box if applicant does not want a description distributed. <input type="checkbox"/> Check box if applicant does not wish to have name used with the description or disclosed to anyone except the supervisor, the supervisory channel and the deciding official, and individuals who maintain the program.		Description of medical emergency	
15a. Name of individual completing application (If applying on behalf of the applicant)		15b. Relationship to applicant	15c. Telephone number (area code)
16a. I certify that the above statements are true. (Signature of applicant or individual applying on behalf of applicant)		16b. Date signed	
Privacy Act Statement Participation in this program is voluntary; however, solicitation of this information is authorized under 5 U.S.C. 8332. The information furnished will be used to identify records properly associated with the transfer of annual leave. 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. Public Law 104-134 (April 26, 1996) requires that any person doing business with the Federal Government furnish a social security number or tax identification number. This is an amendment to title 31, Section 7701. 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. If your agency uses the information furnished on this form for purposes other than those indicated above, it may provide you with an additional statement reflecting those purposes.			
17. First level supervisor's recommendation <input type="checkbox"/> Approve <input type="checkbox"/> Disapprove Signature: <input type="text"/> Date signed: <input type="text"/>		18. Deciding official's decision <input type="checkbox"/> Approve <input type="checkbox"/> Disapprove Signature: <input type="text"/> Date signed: <input type="text"/>	

1. Complete boxes 1 – 16b. Ensure form is signed by applicant. Physician documentation may be required by supervisor.
2. Route the OPM-630 to immediate supervisor to sign box 17.
3. Supervisor routes to DHA LMER or DON LER.

- DHA LMER

dha.ncr.man-mgt.mbx.lmer@health.mil

- DoN LER

Please find email on SharePoint link below.

4. Director approves or disapproves application with a signature in box 18.
5. Send approved OPM-630 via email to the Point of Contact (POCs) located on the SharePoint under the VLTP block

<https://militaryhealth.sharepoint-mil.us/sites/nmcscd-dfa/SitePages/Offices/CIVPERS.aspx>

DO NOT INCLUDE MEDICAL DOCUMENTATION.



Leave Donation Forms:

- OPM-630A – Donations within the employee's agency.
- OPM-630B – Donations outside of the employee's agency.

Send leave donation forms OPM-630A and OPM-630B directly to the Payroll Office:

dha.san-diego.San-Diego-NMC.list.nmcscd-civilian-payroll@health.mil

Termination of the medical emergency:

- When the leave recipient's federal service is terminated.
- At the end of the biweekly pay period in which the leave recipient provides written notice that the medical emergency is over
- The status of medical emergency must continue to be monitored by the agency.

For additional information:

www.opm.gov/policy-data-oversight/pay-leave/leave-administration/factsheets/voluntary-leave-transfer-program/

**What does this mean?
How does it work?
Who qualifies?**

The VLTP is available to assist employees who have a personal or family medical emergency and have exhausted available paid leave.

- Medical Emergency – Condition of either employee or employee's family, prolonged absent, and substantial income loss from unpaid leave.
- Family Member – Spouse; parents; parents-in-law; children; brothers; sisters; grandparents; grandchildren; stepparents; stepchildren; foster parents; foster children; guardianship relationship; domestic partners, etc. as applicable per OPM guidance.
- Available Paid Leave – Includes an employee's accrued, accumulated, recredited and restored annual or sick leave. ***Does not include advanced annual or sick leave.***

For more information on Volunteer Leave Transfer Program (VLTP) visit:

[https://militaryhealth.sharepoint-mil.us/sites/nmcscd-dfa/SitePages/Offices/Voluntary-Leave-Transfer-Program-\(VLTP\).aspx](https://militaryhealth.sharepoint-mil.us/sites/nmcscd-dfa/SitePages/Offices/Voluntary-Leave-Transfer-Program-(VLTP).aspx)

**PROGRAMS MANAGED BY THE
CIVILIAN PERSONNEL PROGRAMS
OFFICE**

Performance Management DPMAP:

Including evaluations/appraisals each year.
for DON AND DHA

Awards: The command's awards and recognition program.

Telework: Telework is the DOD's work from home program. **Note:** Eligibility is at the supervisor's discretion.

DMHRSI: eTransfer for staff members transferring to a different Directorate, Department or Work Center.

Manpower: *Directs and Coordinates staff personnel in manpower utilization, customer service, command organization, Position Management Board (PMB), documentation systems and more.*

More information on other programs. Visit the intranet:

<https://militaryhealth.sharepoint-mil.us/sites/nmcscd-dfa/SitePages/Offices/CIVPERS.aspx>

**VOLUNTARY
LEAVE
TRANSFER
PROGRAM**

**DEFENSE HEALTH
AGENCY
(DHA)**



&

**DEPT OF THE NAVY
(DON)**

