

CHAPTER 12: VOLUNTARY LEAVE TRANSFER PROGRAM (VLTP)

PURPOSE

This Chapter –

- Provides for the transfer of annual leave (including restored annual leave) from employees (donors) who donate such leave to other employees (recipients) for use in medical or family medical emergency situations.
- Supersedes PL 630-1, Chapter 12, dated in May of 2004.

A. APPLICATION AND CERTIFICATION PROCESS TO RECEIVE DONATIONS

1. Eligibility to apply. An employee may submit a VLTP application, available on e-form, BPA F 3510.03e, Attachment A, if he/she has a medical emergency¹ that meets the criteria of an anticipated prolonged absence and an anticipated substantial loss of income².
2. Representative. If the employee is not capable of acting on his/her own behalf, a personal representative may make application on the employee's behalf after obtaining a written consent from the employee or a member of the employee's family.
3. Timing of Application. The employee or his/her representative may submit a VLTP application in anticipation of a medical emergency, during the medical emergency or within 30 days after a medical emergency terminates.
4. Contents of VLTP application. The VLTP applicant applies by completing the VLTP Leave Recipient Application, BPA F 3510.03e or Attachment A. The form must be thorough and accurate, and have adequate medical documentation attached, as indicated on the form.
5. Approval of Absence from Work. Before the application for leave transfer can be certified, the employee's absence from work must be approved by the first-line manager by indicating that an OPM 71 form, Request for Leave or Approved Absence, has been completed and the absence has been approved (see Chapter 1, Section III – F and H, of Personnel Letter 630-1 for authorities for approving leave)
6. Certification by the VLTP Coordinator in the Human Capital Management—Employee Relations organization. The VLTP Coordinator will verify the applicant's leave and

¹ Medical Emergency, as used in the VLTP, is a medical condition suffered by the employee or a family member that is likely to require the employee's absence from duty for a prolonged period of time and to result in a substantial loss of income (see definition, below) to the employee because of the unavailability of paid leave, excluding advanced leave.

² Prolonged Absence and Substantial Loss of Income, as used in the VLTP, is an absence from duty without available paid leave, excluding advance leave, that has been, or is expected to be, at least 24 hours in duration for full-time employees on regular tours of duty, or for part-time employees, 30 percent of the average number of hours in the employee's biweekly tour of duty.

credit hours, and any outstanding advanced annual and sick leave, and Leave Without Pay (LWOP) already used in connection with the medical emergency. Within 10 working days from receipt of a completed application (including adequate medical documentation), the VLTP Coordinator will certify the leave transfer application. Certified applicants will be notified in writing and will be provided the beginning and approximate ending dates of their certification. The Payroll organization will receive a copy of the certification and will establish a donated leave account for the recipient (with a copy to the employee). Applications that cannot be certified by the VLTP Coordinator will be returned to the applicant with a written explanation of why it could not be certified.

B. PUBLICITY

Unless a recipient indicates otherwise on the VLTP application, the recipient's name and nature of the medical emergency will be publicized by means of a release sent to all employees by the Human Capital Management VLTP Coordinator. This information, in part or in whole, will be published periodically as long as the employee continues program participation and is eligible to receive leave donations.

C. RECEIPT AND USE OF DONATED LEAVE

1. A leave recipient may receive leave donations from any BPA employee, except from an employee for whom he/she is the immediate supervisor. Donations may also be received from any employee in another Federal agency that has a VLTP in place.
2. Donated leave may be used to liquidate LWOP and/or advanced annual or sick leave used, only for the medical emergency for which the recipient is certified. If the applicant is certified after his/her medical emergency, the medical documentation submitted with the VLTP application must specify if previous LWOP, advanced annual and/or sick leave was related to the medical emergency.
3. All accumulated leave, excluding any advanced leave, must be exhausted prior to using any donated leave. If the recipient's certification is for a personal emergency, the recipient's leave account(s) will be charged in the following order: (a) all leave; (b) compensatory time; (c) credit hours; and (d) donated leave.

If the recipient's certification is for a family emergency, his/her leave account will be charged in the following order: (a) sick leave available under the Family and Medical Leave Act (see Chapter 8) and Family Friendly Leave Act (see Chapter 3); (b) annual leave; (c) compensatory time; (d) credit hours; and (e) donated leave. The remaining portion of the absence, if any, will be charged to LWOP.

D. MONITORING AND TERMINATING THE MEDICAL EMERGENCY

1. Leave recipients are responsible for notifying their managers when their medical emergencies have terminated.
2. Managers are responsible for ensuring that donated leave is used only for absences due to the medical emergency for which the recipient was approved.
3. An employee's medical emergency is considered terminated:
 - At the end of the pay period in which the medical documentation specifies (see Section E, below, for instructions on extending the initial certification);
 - When the employee demonstrates that he/she is no longer affected by the medical emergency by resuming his/her original work schedule, or it is otherwise determined that the recipient is no longer affected by the medical emergency;
 - When the recipient or recipient's personal representative provides written notice that the emergency has ended;
 - When OPM approves the recipient's application for disability retirement; or
 - When the recipient's Federal service is terminated.
4. The VLTP Coordinator will monitor the status of the medical emergency affecting the leave recipient to ensure that the leave recipient continues to be affected by the medical emergency. The medical emergency will be terminated unilaterally when it is determined that the recipient is no longer affected by the medical emergency. Prior to terminating the medical emergency, the VLTP Coordinator will give the recipient written notice and an opportunity to answer the notice.
5. If it is uncertain whether the employee is experiencing (or continuing to experience) a legitimate medical emergency, he/she may be required to provide appropriate medical documentation to ascertain the correct medical status of the affected individual. If necessary, the employee or family member may be required to be examined by one or more qualified physicians of BPA's choosing and at BPA's expense.

E. EXTENSION OF INITIAL CERTIFICATION

Additional substantiating documentation will be required if the medical emergency extends beyond the originally established ending date. A recipient who fails to provide additional documentation may be decertified (i.e., the medical emergency will be deemed to have terminated) and all donated leave frozen pending verification of continued eligibility.

F. TERMINATION OF LEAVE DONATION

Even after the medical emergency terminates, the employee may continue to experience a hardship due to outstanding LWOP or advanced annual/sick leave. Because of this, the employee may continue to receive donated leave *for not more than 2 years* after the employee's medical emergency terminates, in order to replace the LWOP, or advanced leave taken during his/her medical emergency. (Note: The 2-year rule in this paragraph applies also to employees who are currently certified under the VLTP and will take effect for

current recipients at the start of the third pay period beginning on or after the publication date of this Personnel Letter.)

G. LEAVE ACCRUAL WHILE USING DONATED LEAVE

1. The amount of sick and annual leave that a full-time employee can earn (accrue) while using donated leave is limited to 40 hours for each category of leave.
2. For part-time employees, the limit is equal to the average number of hours in the employee's weekly scheduled tour of duty. Leave accrues at the employee's normal earning rate until the limit is reached, at which point accrual stops.
3. These limits apply only to the leave accrued while absent on donated leave. In situations where recipients are able to work intermittently, or on a reduced schedule, they continue to accrue leave without regard to limits during portions of the pay period when they are working or when using leave, which they have earned.
4. Accrued leave earned by using donated leave is credited to a deferred account. Except as noted in this paragraph below, the leave in the deferred account may be used as of the beginning of the first applicable pay period beginning on or after termination of the medical emergency (unless that termination is due to separation from the Federal service, in which case the leave is not available for any purpose, including lump sum payment for annual leave or additional service credit for sick leave). However, an employee may use such accrued leave prior to termination of the medical emergency, if the employee has exhausted all donated leave in his/her account (in which case, all leave in the deferred account must be exhausted before donated leave may continue to be used).
5. Once the deferred leave account reaches the maximum of 40 hours, it may not be replenished even after the employee exhausts the leave in the deferred account and returns to a donated leave status for the same medical emergency.

H. LEAVE DONATIONS

Leave donations must be made on the Leave Donation Authorization Form, on Eform (BPA F 3510.02e). After the form is completed, it may be given to the donor's timekeeper for transmittal to Payroll, or e-mailed/sent directly to Payroll, FTDP-2. An employee may not donate annual leave to his/her immediate supervisor/manager. This leave donation is not recognized for income tax purposes.

The maximum amount of annual leave (including restored annual leave) that an employee may donate during a leave year is the lesser of:

- One-half of the amount of annual leave he/she would be entitled to accrue during the leave year in which the donation is made; or

- The number of hours of use-or-lose annual leaves remaining in the leave year (as of the date of the transfer) for which the leave donor is scheduled to work and receive pay.

When the medical emergency is over, unused donated leave in the recipient's account will be restored to the donor's annual leave account, unless the donor leaves Federal service before restoration of annual leave. At the discretion of the leave donor, the unused annual leave may be (1) credited to the current year's annual leave balance, (2) credited to next year's annual leave balance (does not apply to restored annual leave if the donor's time limit for using such leave expires in the current year), or (3) donated to another recipient in the Voluntary Leave Transfer Program. In any case, the donor may only carry a maximum of 240 hours (720 for SES) of annual leave to the next year (excluding any restored leave that has not expired).

I. PROHIBITION OF COERCION

An employee may not directly or indirectly intimidate, threaten, coerce, or attempt to intimidate, threaten, or coerce, any other employee for the purpose of interfering with any right an employee may have with respect to donating and/or receiving annual leave or using donated leave under this program.

Roy B. Fox
Chief Human Capital Officer

Attachment A: BPA F 3510.03e

Attachment A
U.S. DEPARTMENT OF ENERGY
BONNEVILLE POWER ADMINISTRATION
VOLUNTARY LEAVE TRANSFER PROGRAM
LEAVE RECIPIENT APPLICATION

Privacy Act Statement

5 USC § 6311, et. seq. and 5 CFR Part 630 authorize the collection of this information. The information will be used to determine an employee's eligibility to participate in the Voluntary Leave Transfer Program and to process and record the employee's application for the receipt of transferred leave. Furnishing the requested information is voluntary; but failure to do so may result in disapproval or delay in processing the application. The information provided, including otherwise protected medical information, may be disclosed when authorized by the employee for the purpose of publicizing an employee's need for potential leave donors. In addition, the information may be disclosed to the Office of Personnel Management, the Office of Management and Budget, the General Accounting Office or other government agencies to satisfy reporting requirements under this Program.

INSTRUCTIONS: Submit this completed form with the physician's statement as indicated below, through your first level manager, and then to the Voluntary Leave Transfer Program Coordinator, Human Capital Management, NHS-1. Application can be submitted in anticipation of or during a medical emergency, or within 30 days after the medical emergency terminates.

- CRITERIA FOR BECOMING A CERTIFIED LEAVE RECIPIENT:** To become a certified leave recipient, you must:
1. Have a documented medical emergency or a family member must have a documented medical emergency that is likely to require your absence from work;
 2. Have exhausted all sick and annual leave, or be expected to exhaust all sick and annual leave during the medical emergency;
 3. Be expected to be absent from work without available paid leave for 24 hours or more, and have managerial approval for the absence;
 4. Submit medical documentation. (See "Part 3: Medical Documentation" section below.)

PART 1: IDENTIFYING INFORMATION

Employee's Name	Routing	Telephone Number
Title	Grade Level	
HRmis ID	Tour of Duty (<i>Full-time or Part-time</i>)	

PART 2: INDIVIDUAL AFFECTED BY MEDICAL EMERGENCY (*check one*)

Employee
 Employee's Family Member
 Relation to the Employee _____

Effective Date of Medical Emergency _____

PART 3: MEDICAL DOCUMENTATION (*Attach either the physician's statement OR page 3 of this application to be completed by the physician, and attach as the medical documentation.*)

Name of physician who will verify the medical _____

The physician's statement must address

- the diagnosis or nature, and the severity,
- the duration, or expected duration, and
- the approximate frequency of the medical condition or treatments, if it is a recurring condition.

If your application is to care for a family member, the physician's statement must also provide:

- a description of your role in caring for the family member, and
- the amount of time and frequency required to provide care.

PART 4: LEAVE SOLICITATION

How do you want the leave donation solicitation to appear? (*The VLTP Coordinator may contact you for further verification*)

Name and Reason
 Name Only (*no reason*)
 Do Not Solicit

REASON: If the Medical Emergency reason is included, how would you like it shown on the VLTP Recipient's List?

PART 5: APPLICANT'S CERTIFICATION. My signature below certifies that this application is voluntary and contains no intentional misrepresentation of fact, and authorizes the release of personnel information for donor solicitation, as indicated above, if my application is approved. I (*recipient/applicant*) will inform my manager and the Voluntary Leave Transfer Coordinator of the date this medical emergency terminates. (*If I fail to do so, I realize I could be disciplined, and will have to repay erroneously donated leave*). If approved, I understand that donated leave will be used only to liquidate my leave account for LWOP and/or advanced leave accumulated during my medical emergency. Advanced leave or LWOP accumulated before or after my medical emergency will not be liquidated. In addition, leave and other paid time off that I accrue in the future will be used to reimburse my leave account for the advanced leave and/or LWOP applied during my medical emergency. Finally, I understand that my eligibility to receive donated leave will end two years after my medical emergency terminates.

Signature of Application/Recipient or Representative | Date

PART 6: MANAGERIAL ACKNOWLEDGMENT OF APPROVAL OF ABSENCE FROM WORK. The following managerial signatures indicate whether the employee's absence from work on LWOP, advanced sick or annual leave has been approved. OPM-71, Application for Leave, must be completed by the leave transfer applicant and signed by the appropriate manager for approval to be official.

6A. Signature of First Line Manager | Date | Routing | Telephone Number

Please submit this approved form and the physician's statement to the Voluntary Leave Transfer Program Coordinator, Human Capital Management, NHS-1.

PART 7: ACTION BY VOLUNTARY LEAVE TRANSFER COORDINATOR

Application has been certified for Transfer of Leave:
Effective Date _____ Ending _____ Medical Documentation Submitted _____
Date _____ (Date): _____

Application has not been certified for Transfer of Leave.
Reason: _____

Signature of Voluntary Leave Transfer Coordinator, Human Capital Management | Date

VLTP Approval Memo completed by Human Capital Management – NHS-1 (Date): _____

U.S. DEPARTMENT OF ENERGY
Bonneville Power Administration
P.O. Box 3621
Portland, Oregon 97208-3621
Fax: 503.230.5275 (Attn: VLTP Coord.)

**VOLUNTARY LEAVE TRANSFER PROGRAM
MEDICAL DOCUMENTATION REQUEST**

Date: _____

Employee: _____ Routing: _____

The employee listed above is applying for BPA's Voluntary Leave Transfer Program (VLTP). To qualify for this program, he/she will need to submit medical documentation (*either completion of this form by the physician, or a separate statement prepared by the physician*) to include the following required information:

1. The diagnosis or nature and severity of the medical condition:

2. Estimated on-set or beginning date of medical condition:

3. Time loss from work (to/from dates) and duration, or expected duration:

4. The approximate frequency of the medical condition, if it is a recurring condition:

If the employee is required to provide care for a family member, the physician must also provide:

5. A brief description of the employee's role in caring for the family member:

6. An estimation of the amount of time and/or frequency that will be required by the employee to care for his/her family member:

Physician's Printed Name & Signature

Date

Physician's Address/Phone Number:
