



Voluntary Leave Transfer Program – Application to Receive Transferred Annual/Universal Leave

To Be Completed By the Employee

Applicant's Name: _____

Employee ID Number: _____

Position Title: _____

Department or School: _____

I am applying to become a leave recipient under the Voluntary Leave Transfer Program (VLTP). I am experiencing a personal emergency due to:

- My serious health condition. **OR**
- My responsibility to provide personal care for an immediate relative.

I anticipate the duration of my prolonged absence will be: _____

The number of leave hours I am requesting is: _____ (See Maximum Hours Available to Request Below)

With this application, I have submitted both a Leave of Absence Application and the required Medical Certification Form in accordance with DPM issuance #12-23. I fully understand all of my rights and responsibilities as outlined in the DPM instruction. I understand that Human Resources does not petition for leave donations on my behalf.

Employee Signature: _____ Date: _____

Timekeeper Certification

Employment information is correct: YES NO

Employee has exhausted all leave (sick and annual): YES NO

Timekeeper Name: _____ Date: _____

Signature: _____ Date: _____

Human Resources Authorization

Date Received: _____ Application Status: **APPROVED** **NOT APPROVED**

Reviewing Official Name _____ Title _____

Reviewing Official Signature _____ Date _____

Deputy Chief HR Signature _____ Date _____

TOTAL NUMBER OF DONATED LEAVE HOURS APPROVED: _____

Maximum Number of Donated Leave Hours Available to Request:

Years of Employment	Paraprofessional/Dedicated Aide	All Other Positions
Less than 3 Years of Employment	88 Hours	104 Hours
3 Years to 15 Years of Employment	132 Hours	156 Hours
More than 15 Years of Employment	176 Hours	208 Hours

Note: ET-15 Employees do not accrue annual or universal leave and are not eligible to participate in the VLTP.