

VOLUNTARY LEAVE TRANSFER PROGRAM - RECIPIENT FORM DCSF-##

The Voluntary Leave Transfer Program (VLTP) allows employees to transfer their accrued annual or universal leave to another eligible employee. If you are an eligible employee and have exhausted all your annual, universal, sick, and advanced leave, use this form and provide it to your HR representative to request the receipt of donated leave. Please speak to your HR representative if you have any questions regarding your eligibility.

1. EMPLOYMENT INFO	
Agency	
Employee Position Title	Employee Grade

2. PERSONAL INFO		
Last Name	Middle Name	First Name
Email Address		

3. LEAVE DETAILS		
a. Reason for leave request (select all that apply). <input type="checkbox"/> The birth of a child <input type="checkbox"/> The adoption of a child <input type="checkbox"/> Your own serious health condition <input type="checkbox"/> To provide personal care for an immediate relative	b. How many hours do you anticipate needing? # of Hours <input type="text"/>	c. Estimate the beginning and end date of your leave period. Start Date <input type="text"/> End Date <input type="text"/>
d. Name and administration within agency of potential leave contributor <input type="text"/>		

4. EMPLOYEE ACKNOWLEDGEMENT
I understand that the HR Advisor or other agency designee will ask for leave donations on my behalf, unless otherwise agreed upon. I understand that any request for donations of leave on my behalf will be made to the entire agency and that any unused transferred leave will be forfeited (lost), or may be transferred to the Annual Leave Bank Program administered by the DCHR.
<input type="text"/>
Sign Date

5. EMPLOYEE CERTIFICATION
I certify that the information provided in this document is true and accurate and that I am eligible to receive transferred leave from the Voluntary Leave Transfer Program. In addition, I understand that any false statements made on this form may subject me to disciplinary action and further action, as appropriate. By signing this form, I certify that I understand and must adhere to all applicable rules concerning the Voluntary Leave Transfer Program as described in Chapter 12 of the District Personnel Manual, and that I agree to have all notifications regarding my application and eligibility for receiving VLTP leave sent to the email address provided on this form.
<input type="text"/>
Sign Date

6. AGENCY ACKNOWLEDGEMENT
Your agency HR representative must sign below to verify your eligibility to receive transferred leave. Upon completion of this form, your HR representative will notify employees in your agency of your request and need for additional leave.
<input type="text"/>
Sign Date Email