

# LEAVE TRANSFER AUTHORIZATION

Proponent - DRM; Prescribing Directive - FLW 690-12

In accordance with the Voluntary Leave Transfer program. I wish to transfer \_\_\_\_\_ hours of annual leave from my annual leave account to the leave account of \_\_\_\_\_. I understand this transfer will be effective the beginning of the first pay period after this authorization is received in my payroll office or the pay period in which the leave recipient named above begins a transferred leave status, whichever is later. I affirm that this leave is given freely without any promise of benefit or threat of reprisal.

## LEAVE DONOR INFORMATION

Name:	Position title, grade and step:
Annual salary:	Supervisor's name:
Employing activity:	Duty phone:
1. A portion (or all) of the annual leave authorized for transfer is "use or lose" leave: <input type="checkbox"/> Yes <input type="checkbox"/> No	2. If yes, how many of the hours authorized for transfer are "use or lose"? _____ hours
3. A copy of my latest DA Form 4536, Earnings and Leave Statement, (or MyPay printout) is attached.	Signature of Leave Donor:

## SUPERVISORY COORDINATION AND RECOMMENDED ACTION

Name and title:	<input type="checkbox"/> Approve <input type="checkbox"/> Disapprove
Name and title:	<input type="checkbox"/> Approve <input type="checkbox"/> Disapprove
Name and title:	<input type="checkbox"/> Approve <input type="checkbox"/> Disapprove

## APPROVING OFFICIAL

Name and title of approving official:	Date:
Signature:	<input type="checkbox"/> Approve <input type="checkbox"/> Disapprove

If disapproved, give reasons:

**If form is not completely filled out, it will be returned without action for applicant to complete.**