



INSTRUCTIONS: This form must be completed by all TSA employees applying to become a leave recipient under the TSA Voluntary Leave Transfer Program. With the exception of signatures, all requested information should be printed or typed. Employees should submit completed application forms to their immediate supervisor for submission for processing.

1. Leave Recipient's Name (Last, First, MI)		2. Social Security Number (last 4 digits)	3. Recipient's Phone Number
4. Position Title/Pay Band		5. First level Supervisor's Name and Phone Number	
6. Organization (include airport code if applicable)		7. HR Specialist's Name, Phone Number and FAX	
8. Type of emergency: <input type="checkbox"/> Medical Emergency <input type="checkbox"/> Natural Disaster	9. Date emergency began?	11. Who is affected by the medical emergency? <input type="checkbox"/> Employee <input type="checkbox"/> Family Member: _____ <small>Relationship To Employee</small>	
		10. Date emergency is expected to end?	
12. Describe the nature and severity of the emergency (Use a separate sheet of paper if additional space is needed.)			
13. Name/Address/Phone number of Physician. For medical emergencies, medical documentation must be attached that includes a diagnosis, prognosis, duration of illness and expected return to work date.		14. What are your leave balances as of the end of your last pay period?	
Name:		Sick Leave _____	
Address:		Annual Leave _____ Restored Annual Leave _____	
City:		Compensatory Time Off _____	
State: Zip Code:		15. Have you been advanced leave? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Phone:		If so, how many hours? Sick Leave _____ Annual Leave _____	
16. Number of Leave Without Pay (LWOP) hours you have used for this emergency.		17. Estimated number of donated leave hours you will need for this emergency.	
18. Do you wish to publicize your emergency? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If Yes, your name and a brief description of your emergency will be posted on the TSA Intranet.			
I CERTIFY THAT THE ABOVE STATEMENTS ARE TRUE:			
19. Signature of applicant or individual applying on behalf of the applicant		20. Date signed	
21a. Printed name of person applying on behalf of the applicant		21b. Relationship to applicant	21c. Phone number
22. HR Liaison's signature indicates review of the package <input type="checkbox"/> Recommend Approval <input type="checkbox"/> Recommend Disapproval Signature: _____ Date: _____		23. Deciding Official's signature (VLTP Coordinator or designee) <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved Signature: _____ Date: _____	

PRIVACY ACT STATEMENT: Authority: 49 U.S.C. 114(n). Principle Purpose(s): This information will be used to process your application to receive donated leave. Routine Use(s): This information may be shared with another federal agency in response to its request, in connection with the hiring of an employee or the issuance of a security clearance or for routine uses identified in the applicable system of records notice DHS/TSA 022 National Finance Center Payroll Personnel System (NFC). Disclosure: Voluntary; failure to furnish the requested information may result in an inability to receive donated leave.

Previous editions of this form are obsolete.