

**DEPARTMENT OF THE ARMY NONAPPROPRIATED FUNDS
EMPLOYEE LEAVE DONATION UNDER THE VOLUNTARY LEAVE TRANSFER PROGRAM**

For use of this form, see AR 215-3; the proponent agency is DCS, G1.

PRIVACY ACT STATEMENT

AUTHORITY: 5 USC 2105, Employee; DoDI 1400.25, Volume 1406, DoD Civilian Personnel Management System: Nonappropriated Fund Attendance and Leave; and AR 215-3, Nonappropriated Funds Instrumentalities Personnel Policy.

PRINCIPAL PURPOSE: For Army Nonappropriated Funds regular employees to become a Leave Recipient under Voluntary Leave Transfer Program for medical, or family emergency, or other hardship situations. See the Systems of Records Notice A0215-1 HQ IMCOM (G9), Non-appropriated Fund Employee Insurance and Retirement Files, <https://dpcl.d.defense.gov/Privacy/SORNsIndex/DOD-wide-SORN-Article-View/Article/570007/a0215-SAMR/>.

ROUTINE USES: None.

DISCLOSURE: Voluntary; however, failure to provide identifying information may delay or processing of this application.

PART I: EMPLOYEE DONATING LEAVE

(Completed by the leave donor and forwarded to Leave Recipients Servicing NAF HR Office POC identified in number 7 a-c.)

1. DONOR NAME (Last, First, Middle) <input type="checkbox"/> Check box if you wish to remain anonymous	2. DONOR DOD ID NUMBER
3. DONOR EMPLOYING INSTALLATION	4. NUMBER OF LEAVE HOURS DONATING

5a. I voluntarily transfer the number of hours of annual leave listed in number 4 from my annual leave account to the leave recipient listed below. I understand the leave will be transferred effective the beginning of the first pay period after the receipt of this authorization by the NAF financial services office.

5b. SIGNATURE OF LEAVE DONOR	5c. DATE SIGNED (YYYYMMDD)
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PART II: LEAVE RECIPIENT INFORMATION

(Completed by Leave Recipient NAF HR Office – for Payroll purposes only)

6a. LEAVE RECIPIENT NAME (Last, First, Middle)	6b. LEAVE RECIPIENT DOD ID NUMBER	6c. LEAVE RECIPIENT STANDARD NAFI NUMBER
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PART III: CONVERSION AND VALIDATION OF LEAVE TRANSFER

(Completed by Leave Recipient NAF HR – Complete only after Part I is received)

7a. Number of Hours of AL donated: _____	7b. Hourly Pay Rate of Donor: _____	7c. Dollar Amount of AL donated: _____
X		=
7d. Dollar Amount of AL donated: _____	7e. Hourly Pay Rate of Recipient: _____	7f. Converted Hours of AL: _____
/		=
		7g. Hours of AL to Credit Leave Recipient after rounding: _____

8a. I have verified the recipient is an approved leave recipient in the department of army nonappropriated funds leave donation program and have validated the information above is correct.

8b. NAME OF HR REPRESENTATIVE	8c. SIGNATURE OF HR REPRESENTATIVE	8d. DATE SIGNED
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