

Supplemental Information – OPM 630, Request to Become a Leave Recipient (attach to form)

EMPLOYEE:

Hourly/annual rate of pay:

Expected date on which available paid leave will run out:

Accrual rate for annual leave:

Signature

Date

SUPERVISOR:

1. I have reviewed the information on the attached OPM 630 and verify that it is correct to the best of my knowledge and that the employee's absence from duty without available paid leave because of this medical emergency is or is expected to be at least 24 hours and is likely to result in a substantial loss of income to the employee because of the unavailability of paid leave. (Consult with Civilian Personnel Flight if employee is part-time or on an uncommon tour of duty.)

2. I acknowledge that, if the request is approved, I must validate the continuing nature of the hardship requiring this leave transfer each pay period.

3. I acknowledge that I must stop the allocation of the transferred leave upon termination of the hardship (notification to Civilian Personnel Flight and Civilian Pay).

4. I agree to properly annotate the time and attendance records to ensure all available paid leave is exhausted before any transferred leave is used.

Signature

Date