

**COUNCIL OF THE DISTRICT OF COLUMBIA**  
**1350 Pennsylvania Avenue, N.W.**  
**Washington, D.C. 20004**

**Memorandum**

---

To: Members and Staff of the Council

From: Nyasha Smith, Secretary to the Council

Date: March 15, 2012

Subject: Voluntary Leave Transfer Program

In accordance with D.C. Law 15-68 and DPM Instruction No. 12-35, the Council of the District of Columbia Voluntary Leave Transfer Program is hereby established.

**PROCEDURES**

- I. Application to receive transferred leave
  1. An employee who expects to experience a prolonged absence may make a written application to the Secretary to the Council to become a recipient employee.
  2. If the employee is not capable of making an application, another employee of the agency may make a written application on the employee's behalf.
  3. The application shall include the following:
    - a. The anticipated duration of the prolonged absence;
    - b. The name, position title, and grade of the proposed recipient employee;
    - c. If available, the name and organizational location within the agency of the potential leave contributor;
    - d. The amount of leave requested; and
    - e. The recommendation of the recipient employee's immediate supervisor.
  4. The agency shall require submission of the following:
    - a. An affidavit signed by the recipient employee attesting to the fact that the individual requiring personal care is the employee, an immediate relative or that the personal care is due to the recent adoption of a child or care of a newborn child; and
    - b. Certification from a physician or other licensed healthcare professional that the recipient employee has experienced a serious health condition or that the recipient employee's immediate relative requires personal care; except that no certification shall be required in cases of pregnancy, the recent adoption of a child, or care of a newborn child.

## II. Leave contributions

1. A potential leave contributor may, by written application to the Secretary to the Council, request that a specified number of hours be transferred from the annual or restored leave account of the employee to the annual leave account of a potential recipient employee.
2. A leave contributor shall not contribute more than  $\frac{1}{2}$  of the amount of annual leave that the leave contributor would be entitled to accrue during the leave year; provided that a leave contributor may contribute restored leave without limitation.

## III. Approval or disapproval of leave transfer

1. Before approving an application, the Secretary to the Council shall determine that the request to become a recipient employee has been necessitated by a prolonged absence due to the employee's serious health condition or the employee's responsibility to provide personal care to an immediate relative.
2. In approving or disapproving the application, the Secretary to the Council may consider the leave record of the potential recipient employee, the probability that the recipient employee may separate from service during the period that the transferred leave would be taken, and any exigency or disruption in service that the agency may experience.
3. The maximum amount of transferred leave that may be received is 320 hours in a 12 month period.

## IV. Processing of leave donations

1. The HR Director will:
  - a. Maintain a record of all applications for participation in the Leave Transfer Program and the approval or disapproval of all applications.
  - b. Prepare a leave adjustment memo to subtract the donated hours of leave from the balance of each leave contributor.
  - c. Prepare a leave adjustment memo to add the total number of donated leave hours to the leave balance of the recipient employee.
  - d. Forward all leave adjustment memos to the Payroll Office, 441 4<sup>th</sup> Street, NW, Room 480 North, Washington, DC 20001, for processing.

## MEMORANDUM

**TO:** Nyasha Smith, Secretary to the Council  
**FROM:**  
**DATE:**  
**SUBJECT:** Participation in Leave Transfer Program

---

I would like to participate in the Leave Transfer Program by donating to

\_\_\_\_\_ (*name of recipient*) the following amount(s) of leave:

Annual leave: \_\_\_\_\_ hours

Restored Annual Leave: \_\_\_\_\_ hours

Compensatory Time: \_\_\_\_\_ hours

My participation is wholly voluntary. I have not been directly nor indirectly intimidated, threatened, or coerced in any way regarding participation in the Leave Transfer Program. Furthermore, I understand that any unused portion of the transferred leave will be forfeited and cannot be returned to my leave account(s).

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Date