

SUPERVISOR CHECKLIST FOR LEAVE DONOR REQUESTS

INSTRUCTIONS: Review the leave donor request for compliance with the regulatory requirements listed below. This checklist must be forwarded to MCIPAC CHRO with OPM 630-A.

_____ Donation is not to the employee's immediate supervisor.

_____ Employee has a sufficient amount of leave to cover this donation.

_____ Donation does not exceed more than one-half total hours of annual leave to be accrued during the leave year. (If request is to donate more than half of the accrual, coordination is required with MCIPAC CHRO).

_____ For donors with use or lose leave, donation is for no more than the number of hours remaining in the leave year.

CERTIFICATION: I certify that I have reviewed this request to donate annual leave and it meets all the requirements for leave donation under the Voluntary Leave Transfer Program.

Supervisor's Signature

Date