



UNITED STATES MARINE CORPS
MARINE CORPS COMMUNITY SERVICES
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MCCSO 12630.1B
MCCS
8 Apr 13

MARINE CORPS COMMUNITY SERVICES ORDER 12630.1B

From: Chief Executive Officer
To: Distribution

Subj: LEAVE TRANSFER PROGRAM FOR NONAPPROPRIATED FUND
INSTRUMENTALITY (NAFI) EMPLOYEES

Ref: (a) MCO P12000.11B

Encl: (1) Guidance on NAF Leave Transfer Program
(2) NAF Application to Become a Leave Recipient
(3) NAF Application to Become a Leave Donor

1. Purpose. To provide policies and procedures for administering the Leave Transfer Program for MCCS employees as authorized by the reference.

2. Cancellation. MCCSO 12630.1A

3. Background. The Office of Personnel Management has established a leave transfer program that permits Federal employees to donate annual leave for use by other Federal employees for a medical or family emergency or other hardship. That program has been adapted for NAFI employees of the MCCS Directorate.

4. Information. Leave transfer program procedures, guidance and forms for MCCS NAFI employees are provided in the enclosures.

a. All regular full-time and regular part-time employees who have credited annual leave may participate in the leave transfer program.

b. Leave transfer is the voluntary transfer of annual leave from one employee to another for a personal emergency.

c. A leave recipient is a current employee, affected by a personal emergency, for whom an application has been approved to receive annual leave from the leave accounts of one or more donors.

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d. A leave donor is an employee whose voluntary written request has been approved for transferring his or her annual leave to the annual leave account of an approved leave recipient.

e. Personal emergency means a medical or family emergency, or other hardship situation, that is likely to require an employee's absence from duty for a prolonged period of time and to result in a substantial loss of income to the employee because of the unavailability of paid leave.

f. Annual leave may only be transferred to the annual leave accounts of leave recipients within the same employing NAFL.

g. The minimum amount of leave that may be transferred is one hour. Leave that is transferred will be on an hour for hour basis.

h. The approval and use of transferred annual leave shall be subject to all the conditions and requirements imposed by regulations pertaining to annual leave, except that transferred annual leave may accumulate without regard to 240 hours limitation.

i. Employees may not donate annual leave to their immediate supervisors.

5. Action. All activities of MCCS shall comply with the instructions contained in this Order. Department Heads will ensure that all managers and supervisors (military and civilian) are thoroughly familiar with the contents of this Order and that it is made available to employees upon request. The Human Resources Officer will administer this program.



MIKE LARGENT

DISTRIBUTION STATEMENT: Approved for electronic distribution.

GUIDANCE ON THE MCCS NAFI LEAVE TRANSFER PROGRAM**1. MCCS NAF Application to Become a Leave Recipient**

a. Using the Application to Become a Leave Recipient, Enclosure (2) of this Order, an employee who has been affected by a personal emergency may make written application to the MCCS Human Resources Manager, via the Department/Division Head, to become a leave recipient. If such an employee is not capable of making application, another employee of the same activity may make written application on his/her behalf. The Department/Division Head will forward the application to the Human Resources Manager within five (5) days of receipt.

b. The MCCS Human Resources Officer shall review each application to determine that the potential leave recipient has been affected by a personal emergency and that the absence from duty without available paid leave because of the personal emergency is (or is expected to be) at least 10 work days. The MCCS Human Resources Officer will approve/disapprove the application as appropriate.

2. Notification of Disposition of Potential Leave Recipient's Application. If the potential leave recipient's application is approved, the MCCS Human Resources Officer shall provide the applicant written notification of the approval. A copy of the notification will be provided to the Finance Department and the Department/Division Head. If the application is disapproved, he or she shall be notified by the MCCS Human Resources Manager in writing of the reasons for the disapproval. Notification will take place within 30 days after the date the completed application is received.

3. Notification of a Need for Leave Donors. An MCCS All Hands e-mail will be used to publicize the leave recipient's need for donations of annual leave. Other sources to be used, if deemed necessary, will be determined by the MCCS Human Resources Officer. The leave recipient's desire regarding the extent of publicity will be considered. If the leave recipient does not wish to make his or her own personal emergency known to co-workers, the MCCS Human Resources Officer may solicit donations for the employee by using a general description of the employee's situation (provided by the employee) without revealing the employee's name.

4. MCCS NAF Application to Become a Leave Donor

a. Potential leave donors will use the Application to Become a Leave Donor, enclosure (3) of this instruction, to donate leave. The application will be forwarded via the Department/Division Head to the MCCS Human Resources Officer for approval/disapproval as appropriate. The Department/Division Head will forward the application to the Human Resources Officer within five (5) days of receipt.

b. The MCCS Human Resources Officer shall review the applications of potential leave donors to ensure that annual leave is available to be transferred and that the amount requested for transfer does not exceed more than the total annual leave the donor has accrued.

5. Notification of Disposition of Potential Leave. Donor's Application: If the application is approved, the leave donor shall be notified in writing by the MCCS Human Resources Manager. Copies of the notification will be provided to the Finance Department and the Department Head. If the application is disapproved, he/she shall be notified, in writing, of the reasons for disapproval. Except for record keeping purposes, leave donors need not reveal the fact that they have donated leave, the name of the employee to whom the leave was donated, or the amount of leave donated.

6. Grievance Rights. Non-bargaining unit employees whose applications to receive or to donate leave have been denied may grieve through the Administrative Grievance Procedure. Bargaining unit employees may grieve denied applications through the procedures outlined in the negotiated agreement.

7. Termination of Leave Recipient's Personal Emergency. Department Heads will advise the MCCS Human Resources Manager when the leave recipient no longer has a personal emergency and further leave donations are not necessary.

8. Restoration of Transferred Annual Leave

a. Upon termination of the leave recipient's personal emergency, any transferred annual leave remaining in the leave recipient's account shall be restored to the accounts of the

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leave donors. Transferred annual leave to be restored to the account of the donor before the beginning of the third biweekly pay period before the end of the leave year is not subject to forfeiture until the end of the leave year in which the transferred annual leave is restored.

b. The minimum amount of annual leave that may be restored to an employee's account is one hour. Fractions of an hour shall be rounded to the nearest whole hour (i.e. less than 30 minutes shall be rounded down to, 30 minutes or more shall be rounded up).

9. Records Maintenance. The MCCS Human Resources Officer and Finance Department will maintain the leave transfer records as appropriate.

**MARINE CORPS COMMUNITY SERVICES
Employee Recipient Leave Transfer Request**

1. Name _____
2. Employee SSN _____
3. Activity _____
4. Title _____ Series _____ Grade _____

5. Attach a detailed description of the nature, severity, date of inception and anticipated duration of the personal emergency. If the nature of the emergency is medical, a physician's certification is required.

6. You must also attach a copy of your most recent leave and earnings statement or pay check stub.

I hereby authorize the MCCS Human Resources Manager to identify me should it be necessary to publicize my need for leave donations.

Check appropriate box: Yes No

Applicant's Signature Date Endorsement of Dept Head Date

Approved by MCCS Human Resources Manager and Date:

Date _____ Signature of HRM _____

(See Privacy Act Statement Below)

Section 6311 of Title 5 of the U. S. Code authorizes collection of this information. The primary use of this information is by management and your payroll office to approve and record your use of leave. Additional disclosures of the information may be: to the Department of Labor when processing a claim for compensation regarding a job connected injury or illness; to a State unemployment compensation office regarding a claim; to Federal Life Insurance or Health Benefits carriers regarding a claim; to a Federal, State, or local law enforcement agency when your agency becomes aware of a violation or possible violation of civil or criminal law; to a Federal agency when conducting an investigation on you for employment or security reasons; to the Office of Personnel Management or General Accounting Office when the information is required for evaluation of leave administration; and to the General Services Administration in connection with its responsibilities for record management.

Where the employee identification number is your social security number, collection of this information is authorized by Executive Order 9397. Furnishing the information on this form, including your social security number, is voluntary, but failure to do so may result in disapproval of this request.

If your agency uses the information furnished on this form for purposes other than those indicated above, it may provide you with an additional statement reflecting those purposes.

**MARINE CORPS COMMUNITY SERVICES
Employee Donor Leave Transfer Request**

1. Name _____
2. Employee SSN _____
3. Activity _____
4. Title _____ Series _____ Grade _____
5. Name of Leave Recipient _____
6. Number of hours of annual leave to be transferred _____
7. You must attach a copy of your most recent Leave and Earnings Statement.

Applicant's Signature Date Endorsement of Dept Head Date

Approved by MCCS Human Resources Manager and Date

Date _____ Signature of HRM _____

(See Privacy Act Statement Below)

Section 6311 of Title 5 of the U. S. Code authorizes collection of this information. The primary use of this information is by management and your payroll office to approve and record your use of leave. Additional disclosures of the information may be: to the Department of Labor when processing a claim for compensation regarding a job connected injury or illness; to a State unemployment compensation office regarding a claim; to Federal Life Insurance or Health Benefits carriers regarding a claim; to a Federal, State, or local law enforcement agency when your agency becomes aware of a violation or possible violation of civil or criminal law; to a Federal agency when conducting an investigation on you for employment or security reasons; to the Office of Personnel Management or General Accounting Office when the information is required for evaluation of leave administration; and to the General Services Administration in connection with its responsibilities for records management.

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