

LEAVE

REFERENCES/GUIDELINES

1. MLA ARTICLES 23 & 24
2. LOCAL SUPPLEMENT AGREEMENT ARTICLES 23, 24, & 40
3. AFI 36-815, CHAPTERS 2, 3, & 4
4. PROPER MANGEMENT OF RESOURCES, TIME AND ATTENDANCE
5. FMLA GUIDELINES AND PROCEDURES
6. VOLUNTARY LEAVE TRANSFER PROGRAM GUIDELINES AND PROCEDURES
7. ADVANCED SICK LEAVE REQUEST GUIDANCE
8. LWOP LIMITED SERVICES BENEFITS SUMMARY
9. LIGHT DUTY POLICY EXCERPT
10. SAMPLE COUNSELING ENTRIES/LETTERS
 - a. Annual Leave Counseling
 - b. Sick Leave Counseling
 - c. Suspected Sick Leave Abuse
 - d. Placement on Administrative Leave
 - e. Unacceptable Attendance

ARTICLE 23

ANNUAL LEAVE

SECTION 23.01: ANNUAL LEAVE APPROVAL

The use of annual leave is a right of the employee in that the employee is either given an opportunity to use the annual leave, or to the extent permitted by law, is paid for it at the time of separation. Supervisors consider the employees' desires and personal convenience as well as workload considerations when granting leave. They must not make arbitrary decisions to deny leave. However, the final determination as to the scheduling and the amount of annual leave granted at any specific time is made by the supervisor authorized to approve leave.

SECTION 23.02: SCHEDULING

Annual leave schedules will be established in January of each year to ensure that all employees are given an opportunity to schedule and to use any leave available to them for the year. Leave for more than 30 calendar days may be scheduled subject to approval for specific situations. Employees will be notified by the supervisor not later than 15 February of any problems arising from the initial leave schedules and appropriate action will be taken not later than the last day of February to resolve the problem.

SECTION 23.03: CONFLICTS OVER SCHEDULED LEAVE

When conflicts in leave schedules occur and the conflict cannot be resolved by mutual agreement, the employee with the longest service as determined by SCD will be entitled to the requested leave. Employees shall be permitted to exercise this entitlement for all leave scheduled in January each calendar year. Thereafter, requests for leave not scheduled in January will be scheduled on a first-come, first-approved basis.

SECTION 23.04: CANCELING/RESCHEDULING

The Employer reserves the right to cancel previously scheduled or requested annual leave in accordance with appropriate laws and regulations when workload necessitates such action. The supervisor will notify the employee at such time as situations develop which require rescheduling or cancellation of leave and will provide the employee specific reasons as to the need for these actions. Employees whose leave is canceled under this Section may reschedule their leave in accordance with Section 23.03 above.

SECTION 23.05: CHANGES TO LEAVE SCHEDULES

Once employees have made their leave selection, they shall not be permitted to change this selection when such change will disturb the choice of another employee. Employees

may be permitted to change their selection when it does not disturb the choice of another employee.

SECTION 23.06: CALL-IN PROCEDURE FOR REQUESTING ANNUAL LEAVE

Employees should request emergency/unscheduled annual leave by contacting their immediate supervisor, or other persons designated by management to receive such requests, by telephone at the beginning of or as soon as possible after the start of their regular shifts and provide reasons for the request. If mutually agreed locally, other means of contact, such as email, voice mail, and fax, may be utilized in lieu of a telephone call. Under normal circumstances, this call will be no later than two hours after the shift begins. Flextime employees should call/notify no later than two hours after the beginning of the flex period. If the supervisor and the designee are unavailable to accept the request, the employee must leave a message with the person accepting the call identifying the anticipated duration of the absence, and telephone number where the employee can be reached within two hours of the telephone call. The supervisor will assure any such message is not released to other employees. If the requested duration of leave is for one complete work shift or less, the supervisor will contact the employee within one hour of the telephone call if the leave cannot be granted. If the supervisor does not call the employee, the employee may assume approval of the leave for the period requested. If the requested duration of leave exceeds one complete work shift, the supervisor will contact the employee within two hours of the telephone call if the leave cannot be granted. If the supervisor does not call the employee, the employee may assume approval of the leave for the period requested, up to a period of three workdays. If the employee is not able to make the call, someone else may make it on their behalf and will state the reason(s) the employee was unable to call as well as the anticipated duration of the absence, and telephone number where the employee can be reached. The supervisor will contact the employee within the timeframe specified above if the leave cannot be granted, otherwise the employee may assume approval for the period requested, up to a period of three work days. If a request for unscheduled annual leave is denied, an employee may submit a SF-71, on which the supervisor will state the reasons for the denial and return it to the employee within one workday after receipt by the supervisor.

SECTION 23.07: LEAVE FOR DEATH IN IMMEDIATE FAMILY

In case of death in the immediate family or the death of a relative, annual leave or leave without pay will be granted.

SECTION 23.08: LEAVE FOR RELIGIOUS HOLIDAY

Leave will normally be approved for any workday which occurs on a religious holiday associated with the religious faith of the employee, unless the granting of such leave would adversely affect accomplishment of mission requirements. Under no circumstances will the employer question the employee about their religious beliefs if the holiday is included in the leave schedule submitted to the supervisor each January as noted in Section 23.02.

SECTION 23.09: LEAVE/WORK DURING ACTIVITY SHUTDOWN

a. If for any reason the Employer schedules or effects shutdown of activities, a reasonable effort will be made to provide work for employees not having annual leave to their credit. If work cannot be provided for such employees, annual leave may be advanced or Leave Without Pay (LWOP) may be approved to the extent determined appropriate by the Employer.

b. This article does not limit commanders' authority to excuse employees on administrative leave for emergency shutdown due to weather, power outages or other reasons described in law or regulation.

SECTION 23.10: ACCRUAL/AVAILABILITY OF LEAVE

Annual leave to be accrued during the leave year becomes available to the employee on the first leave day of the year.

SECTION 23.11: LEAVE FOR INTERNAL UNION FUNCTIONS

An employee who is a steward or Union official will be granted annual leave to attend internal Union functions which are not covered by official time. Normally, one week advance notice will be required and such leave will be approved subject to workload considerations.

ARTICLE 24

SICK LEAVE

SECTION 24.01: CALL-IN PROCEDURE FOR REQUESTING SICK LEAVE

a. This article sets forth comprehensive policies and procedures pertaining to the approval and use of sick leave by bargaining unit employees. Employees shall earn and be granted sick leave in accordance with applicable law, regulations and the provisions of this Article. Sick leave will become available for use at the beginning of the pay period during which it is earned. Sick leave requests shall be approved for employees when they are incapacitated for performance of their duties by sickness, injury, pregnancy, confinement, medical, dental, or optical treatment or examination, or when a member of the employee's immediate family is afflicted with a contagious disease.

b. Employees should request sick leave by contacting their immediate supervisor, or other persons designated by management to receive such requests, by telephone at the start of or as soon as possible after the start of their regular shifts. The request for sick leave shall advise the supervisor of the expected duration of the absence (up to 3 days), and provide reasons for the request. If mutually agree locally, other means of contact, such as email, voice mail, and fax, may be utilized in lieu of a telephone call. Under normal circumstances, this call/notification will be no later than two hours after the shift begins. Flextime employees should call/notify no later than two hours after the beginning of the flex period. If the supervisor and the designee are unavailable to accept the request, the employee must leave a message with the person accepting the call identifying the anticipated duration of the absence and the telephone number where the employee can be reached within two hours of the telephone call. The supervisor will assure any such message is not released to other employees. If the requested duration of leave is for one complete work shift or less, the supervisor will contact the employee within one hour of the telephone call if the leave cannot be granted. If the supervisor does not call the employee, the employee may assume approval of the leave for the period requested. If the requested duration of leave exceeds one complete work shift, the supervisor will contact the employee within two hours of the telephone call if the leave cannot be granted. If the supervisor does not call the employee, the employee may assume approval of the leave for the period requested, up to a period of three workdays. This approval, however, is not applicable if an employee is subject to the sick leave abuse procedures in subsection 24.03. For approved absences of 3 days or less there shall be no further requirement to contact the supervisor during that absence unless the employee has received the written notification under 24.03c. Absences of more than 3 days require further approval by the supervisor which will be in increments of 3 days or less, and require compliance with Section 24.02.

c. The supervisor will relieve the employee of the continuing requirements in Section 24.01 b. upon receipt of medical documentation from the treating physician stating that the employee is incapacitated for duty and may not return to work until a specified date.

Approval of sick leave for prearranged medical appointments will be secured from the Employer in advance of the absence, except in emergency situations.

SECTION 24.02: DOCUMENTATION FOR SICK LEAVE OF MORE THAN 3 DAYS

When an employee is out for more than three consecutive workdays and attended by a physician, a certificate from the physician will be required. If the employee is out sick for more than three consecutive workdays and not attended by a physician, the employee's personal written statement as to the nature of the illness, and that the employee was incapacitated for duty, will be accepted in lieu of a doctor's certificate except as set forth in Section 24.03 below.

SECTION 24.03: IDENTIFICATION AND CORRECTION OF SICK LEAVE ABUSE

An employee will not be required to furnish a doctor's certificate to substantiate a request for three consecutive workdays or less sick leave unless there is a documented reason to believe the employee is misusing sick leave, or a trend of abusing sick leave develops as set forth in the examples below:

- (1) Absence after paydays
- (2) Sick leave before or after holidays
- (3) Monday-Friday sick leave, consecutive workdays
- (4) Absences during heavy workloads or undesirable duties
- (5) Intermittent sick leave use of short duration with vague excuses
- (6) Sick leave being used as soon as it is accrued

a. A low sick leave balance alone may not be reason for considering an employee a leave abuser. The supervisor must consider if the low balance was caused by extended or lingering illness and/or recovery from surgery or accident. If it appears an employee may be abusing sick leave, the supervisor should look further into the individual's past leave records, using available sick leave data to provide more information. The supervisor will also explore the causes of the employee's chronic absenteeism and assist in resolving the conflict, provide additional personal reminders of the importance of careful use of sick leave, etc.

b. Once a supervisor has identified sick leave abuse, the supervisor will counsel the employee with respect to the use of sick leave, and a record of the counseling will be recorded on the Supervisor's Work Folder (commonly referred to as AF Form 971). Bargaining unit employees will not be required to provide doctor's certificates for sick leave requests solely on the basis of a mechanized leave usage report that indicates the employee's use of sick leave is abnormal.

c. If the sick leave record subsequent to the counseling does not show elimination of sick leave abuse, the employee should be given written notification requiring the employee to provide doctor's certificates for all absences for which sick leave is requested. This notice must contain justification as to why the employee was given the additional requirement, such as stating the number of hours of sick leave used in a specific period, the employee's sick leave pattern and balance, etc. This notice will state that sick leave must be requested on the first day of the absence and on every additional day of absence, unless the supervisor expressly relieves the employee of this requirement. The supervisor will relieve the employee of this requirement on receipt of medical documentation from the treating physician stating the employee is incapacitated for duty and may not return to work until a specified date. The requirement to furnish doctor's certificates, once imposed, will be reviewed at least every six months to determine if it should be continued. At the time of the review, the employee will be counseled and advised in writing if the requirement is to be continued or canceled. The supervisor should take care to be firm, fair, and consistent not only in resolving sick leave abuse but in all aspects of sick leave administration.

SECTION 24.04: RELEASES BY BASE MEDICAL FACILITY

Employees who are released from duty on advice of the Base Medical Authority because of illness shall not be required to furnish medical certificates to substantiate sick leave for the day they were released from duty.

SECTION 24.05: PRIVACY OF RECORDS

Records of employee sick leave balances will be restricted to those with a need to know. A low sick leave balance by itself shall not be used as a basis for promotion consideration.

SECTION 24.06: ADVANCE SICK LEAVE FOR SERIOUS DISABILITY OR ILLNESS

In cases of serious disability or illness employees may be advanced up to 240 hours sick leave. A request for advance sick leave of up to 240 hours will be made by the employee in writing, and it will include a certificate from a competent medical authority describing why the employee should be granted the absence and the doctor's professional opinion as to the employee's expected ability to return to duty following the absence. These requests will be approved or disapproved in writing. If disapproved, an employee will be given a copy of the reasons in writing. An advance of sick leave is not granted if it is considered likely that the employee will not return to duty for a sufficient period of time to earn the leave.

ARTICLE 23 (S)

ANNUAL LEAVE

Requests for emergency/unscheduled annual leave shall be approved except where such approval will have an adverse or negative impact on work load or mission.

ARTICLE 24 (S)

SICK LEAVE

If the employee is not able to make the call to request sick leave, someone else may make it on their behalf. The caller will state the reason(s) the employee was unable to call as well as the anticipated duration of the absence and telephone number where the employee can be reached. The supervisor will contact the employee within the timeframe specified if the leave cannot be granted, otherwise the employee may assume approval for the period requested, up to a period of three work days.

ARTICLE 40 (S)

OTHER LEAVE PROVISIONS

1. Each employee shall be notified in writing or electronically once a year summarizing the employee's rights and responsibilities under the Family Medical Leave Act and the General Family Care (formerly the Federal Employee Family Friendly Leave Act). The content of the notice shall be negotiated between the parties, to begin no later than 90 days after the signing of this agreement.

2. Leave without pay shall not be unreasonably denied to an employee who does not have sufficient annual or sick leave to cover an absence. An employee whose leave request has been approved may request placement into a leave without pay status instead of a paid leave status.

Chapter 2

ANNUAL LEAVE

2.1. Amount of Annual Leave Earned. The amount of annual leave employees earn depends on their length of service and their basic workweek. Employees are assigned to leave earning categories as follows.

- 2.1.1. Category 1. Employees with less than 3 years of service.
- 2.1.2. Category 2. Employees with 3 but less than 15 years of service.
- 2.1.3. Category 3. Employees with 15 or more years of service.
- 2.1.4. Full-time employees earn leave as shown in **Table 2.1.**:

Table 2.1. Full-time Employees Hours Credit.

Leave Category	40-Hour Basic Workweek		56-Hour Basic Workweek		60-Hour Basic Workweek		72-Hour Basic Workweek	
	First 25 Pay Periods in Calendar Year	Last Pay Period in Calendar Year	First 25 Pay Periods in Calendar Year	Last Pay Period in Calendar Year	First 25 Pay Periods in Calendar Year	Last Pay Period in Calendar Year	First 25 Pay Periods in Calendar Year	Last Pay Period in Calendar Year
Category 1	4	4	5-1/2	8	6	6	7	12
Category 2	6	10	8-1/2	11-1/2	9	15	11	13
Category 3	8	8	11	16	12	12	14	24

2.1.5. Part-time employees must have a regularly scheduled tour of duty to earn leave. However, credit is given for the time they are in a pay status (including the hours worked outside their scheduled tour of duty) not in excess of 80 hours in the pay period as follows (see paragraph 2.1. for definition of categories):

- 2.1.5.1. Category 1. 1 hour for each 20 hours in pay status.
 - 2.1.5.2. Category 2. 1 hour for each 13 hours in pay status.
 - 2.1.5.3. Category 3. 1 hour for each 10 hours in pay status.
- 2.1.6. No annual leave is earned within a pay period where LWOP or AWOL reaches 80 hours.
- 2.1.7. Intermittent employees do not earn annual leave since by regulation (5 CFR 340.401(b)), they do not have a regularly scheduled tour of duty.

2.2. Maximum Annual Leave Accumulation. The maximum amount of annual leave that an employee may carry forward from one leave year to another is 30 days (240 hours), or the amount accumulated under earlier statute, whichever is greater. Any leave to the employee's credit at the end of the leave year that exceeds the maximum accumulation is either forfeited or restored according to paragraph 2.10.

2.2.1. For employees on uncommon tours of duty, the following formula is applied: Multiply 240 times the number of hours in the workweek; then divide the result by 40. Using this formula, the maximum accumulation for an employee with a 72-hour standby workweek would be 432 hours. The maximum accumulation for an employee with a 56-hour workweek would be 336 hours.

2.2.2. For US citizens employed outside the United States (except for certain local hires), the maximum annual leave accumulation is 45 days (360 hours) or the amount to the employee's credit at the beginning of the leave year, whichever is greater. Employees eligible for 45 days of cumulative annual leave are normally those who are under a transportation agreement in the overseas area. Upon return from overseas, the maximum annual leave accumulation is 30 days (240 hours) or the amount carried over from the previous leave year, whichever is greater, not to exceed 45 days (360 hours).

2.2.3. For employees who are serving in a position in the Senior Executive Service, there is a maximum limitation on annual leave accumulation of 90 days (720 hours) or the amount accumulated under earlier statute, whichever is greater.

2.3. When Annual Leave Becomes Available for Use. All projected annual leave an employee will earn during the leave year will be available for planning purposes at the beginning of the leave year. See paragraph 2.4.1. for guidance on approving annual leave that will be earned later in the leave year and for procedures to request advancing annual leave. Employees whose appointments are for 90 calendar days or more may use annual leave during the first 90 days of employment. If an appointment is for less than 90 calendar days, an employee is not entitled to annual leave until after being employed for a continuous period of 90 days under successive appointments without a break in service. If an employee has a series of successive appointments, without a break in service of 1 day or more, which then exceeds 90 days, the employee is credited with annual leave which would have accrued from the date of initial appointment.

2.3.1. **Scheduling Annual Leave.** Supervisors should establish annual leave schedules, in writing, by 15 February of each year. The OPM 71 or any other appropriate format may be used for this purpose. Supervisors should verify the established leave schedules not later than 30 August of each year to ensure that all employees are given a reasonable opportunity for a vacation and to use any leave they would otherwise forfeit at the end of the leave year. Positive action must be taken before the beginning of the third full pay period prior to the end of the leave year to schedule or reschedule canceled leave so as to avoid situations where employees approach the end of the leave year with a significant amount of annual leave that must be used or forfeited. Written leave schedules will be used to certify proper scheduling had been accomplished when requesting restoration of forfeited annual leave. Failure on the employee's part to schedule annual leave does not relieve management of its responsibility to assure that the leave is in fact scheduled for use. However, when employees choose not to request or use annual leave to avoid forfeiture, they are not entitled to have forfeited leave restored for later use.

2.4. When Annual Leave is Granted. Employees are granted annual leave to allow them time off for vacations and for personal and emergency purposes. The use of annual leave is a right of the employee in that the employee is either given an opportunity to use the annual leave, or to the extent permitted by law, is paid for it at the time of separation. Except in cases of emergency, annual leave must be requested by the employee and approved by the appropriate leave-approving official in advance of the absence. Supervisors must ensure that all employees are informed of the procedure to be followed in requesting and obtaining approval of leave. This includes requests for annual leave in advance of the absence as well as leave for emergencies. Supervisors should consider employees' desires and personal convenience as well as the work situation when granting leave. They must not make arbitrary decisions to deny leave. However, the final determination as to the scheduling and the amount of annual leave granted at any specific time is made by the supervisor authorized to approve leave. Requests for annual leave shall be submitted to the approving official on an OPM 71 or other appropriate form.

2.4.1. Advancing Annual Leave. An employee may be granted all annual leave which will be earned during the current leave year. However, in advancing an employee annual leave in excess of the amount actually earned, the supervisor authorized to approve leave must have reasonable assurance that the employee will be in duty status long enough to earn the leave granted before the end of the leave year. (For making this determination, employee's current leave balance may be obtained by the supervisor accessing civilian personnel data systems (Civilian Servicing Unit (CSU) Application) at the work site or by contacting the local civilian payroll (liaison) office.) The certification of the OPM 71, or other appropriate form, by the leave-approving official will be accepted as evidence that any annual leave reported has been approved. If the employee's employment with the government discontinues prior to earning the advanced leave, the balance of the advanced leave upon separation is considered a debt, unless the employee dies, retires for disability, or resigns or is separated as a result of a disability that prevents him or her from returning to work.

2.4.2. Use of Annual Leave Before Separation. A supervisor may not grant an employee annual leave when the supervisor knows that the employee will not return from the leave of absence to federal service, except when the employee:

2.4.2.1. Is being separated because of reduction-in-force or declination of transfer of function used to extend the separation date to attain first eligibility for retirement annuity and/or Federal Employees Health Benefit (FEHB) annuitant coverage (5 U.S.C. 3502, 6302, 8905, and 5 CFR 351.608).

2.4.2.2. Is being carried in a leave status pending acceptance for active military duty.

2.4.2.3. Has made application for disability retirement.

2.4.2.4. Takes annual leave prior to separation, but is present for, and performs duty on the employee's last administrative workday (Comptroller General Decision (C.G.) B-223876). For example, an employee who is a military spouse must be present on the last duty day prior to his/her LWOP to accompany his/her spouse.

2.4.2.5. Takes accrued annual leave during the final hours of the last day of employment before separation, providing the employee substantially worked the entire final pay period, including part of the last day (C.G. B-190374). See example above.

2.4.3. Lump-Sum Payment Upon Separation. An employee is entitled upon separation to all accumulated and accrued annual leave credited to the employee which consists of the following: (1) the regular carry-over balances from the previous year, if any; plus (2) accrued and unused annual leave during the current leave year, if any; plus (3) any unused restored annual leave maintained in a separate leave account.

2.4.4. Use of Annual Leave During Active Military Duty. Members of the Reserve or National Guard may use annual leave during active military duty.

2.5. Requiring Employees To Take Leave . No employee may be placed on annual leave:

2.5.1. As a disciplinary measure.

2.5.2. Pending issuance of a notice of proposed adverse action, unless requested by the employee.

2.5.3. During the notice period before adverse action, unless requested by the employee.

2.5.4. Otherwise, employees may be placed on annual leave as the needs of the service require (for example, during a period of reduced or suspended operations or where an employee is instructed to take vacation leave at a time other than at the specific time initially requested). The required use of annual leave must be based on factors that are reasonable and equitable, which do not discriminate among employees, and which are not arbitrary. (See 5 CFR Part 752 for guidance on the use of enforced annual leave.)

2.6. Substitution of Annual Leave for Leave Without Pay. Substitutions may be made in the following circumstances:

2.6.1. When leave without pay is charged pending receipt of an employee's leave record from the former employing agency, credited annual leave is substituted for the leave without pay upon receipt of the leave record.

2.6.2. When leave without pay is granted to an employee pending a recredit of annual leave upon completion of a refund of a lump sum leave payment, the annual leave recredited upon completion of the refund may be substituted for the leave without pay, provided the employee requests the substitution at the time the leave without pay is requested.

2.7. Substitution of Annual Leave for Sick Leave. An employee on extended sick leave (including sick leave for maternity reasons) may be granted annual leave to cover any part of the absence, provided the request for leave is made in advance. Annual leave cannot be substituted retroactively for sick leave previously taken as a means of avoiding a forfeiture of annual leave at the end of the leave year. Advanced sick leave may be liquidated at the employee's request by a substitution of annual leave, provided the substitution is requested before the time the annual leave would be forfeited.

2.8. When Lump-Sum Payments Are Made. Normally, separated employees (including those overseas who are allowed a 45-day annual leave accumulation) are paid a lump sum for all their accumulated annual leave. There are certain exceptions to this general requirement, such as employees entering military service, those transferring to an international organization, those converted to a Nonappropriated Fund (NAF) position, and those who are removed from a position to which they were illegally appointed. An employee entering military service may elect to allow annual leave to remain in the leave account or to receive a lump-sum payment. Also if an employee dies, the lump-sum payment made to survivors includes payment for all accrued and accumulated annual leave to the employee's credit at the time of death.

2.9. When a Refund of the Lump-Sum Payment Is Required. If an employee who has received a lump-sum leave payment is reemployed before the end of the period covered by the payment, the employee must refund an amount equal to the gross compensation received for the unexpired portion of the lump-sum leave period. This includes pay before deductions of any kind and, if applicable, differentials and allowances received.

2.10. Restoration of Forfeited Annual Leave. Annual leave which would otherwise be forfeited may be restored when it is lost because of exigencies of the service or sickness of the employee, if use of the leave was scheduled in advance. Leave may also be restored when an administrative error causes the loss of annual leave otherwise accruable. Before forfeited annual leave may be considered for restoration, use of the annual leave must have been requested, approved, and scheduled in writing before the start of the

third biweekly pay period before the end of the leave year. Any leave lost by an employee subject to the Defense Base Closure and Realignment Act of 1990, during the period from 1 Oct 1992 to 31 Dec 1997, shall be restored to the employee and shall be credited to the employee's leave account. The closing of a base is an exigency of the service permitting employees to carry over use-or-lose leave without meeting the criteria for restoration explained below. See 5 U.S.C. 6304(d)(3).

2.10.1. Exigencies of the Service. Before forfeited annual leave is restored, there must be a determination that an exigency is of major importance and that an employee may not use scheduled annual leave. The following officials, or their designee, have authority to approve exigencies causing cancellation of leave:

2.10.1.1. The Administrative Assistant to the Secretary of the Air Force for all employees in the Office of the Secretary of the Air Force and other employees not within the purview of paragraphs 2.10.1.2. through 2.10.1.4.

2.10.1.2. The Assistant Vice Chief of Staff for all Air Staff employees not within the purview of paragraphs 2.10.1.3. and 2.10.1.4.

2.10.1.3. The Deputy Chiefs of Staff for their employees.

2.10.1.4. An Installation Commander, his designee, or head of serviced organization as referenced in paragraphs 1.2.1. and 1.2.2.

2.10.1.5. An employee may submit a claim to OPM if a request for restoration of annual leave based on an exigency is denied. See 5 CFR 178.102 for procedures for submitting claims. Note that 5 CFR 178.101 excludes claims subject to negotiated grievance procedures.

2.10.2. Exigency of the Service Approval Process. Normally, approval of an exigency is required in advance of cancellation of leave. In the event of an emergency, this determination must be made as soon after the occurrence of the emergency as possible. As soon as it is known that leave will be canceled and forfeiture will be unavoidable, the supervisor initiates a letter to the designated official explaining the exigency, and requesting approval to cancel the scheduled leave. The supervisor coordinates the letter with the CPF to ensure that the conditions for restoration in governing directives are met, and that documentation to support the request includes, as a minimum:

2.10.2.1. The specific beginning and ending dates of the exigency period, unless the suddenness or uncertainty of the circumstances prevents advance determination. (The dates are needed to establish the specific period within which the employee was prevented from using annual leave.)

2.10.2.2. The dates and number of hours scheduled which must be canceled, and when this leave was scheduled and approved.

2.10.2.3. A description of the exigency which shows that it is of such importance that the employee cannot be excused from duty.

2.10.2.4. A statement as to why there is no alternative to cancellation of the scheduled leave and why use of the leave cannot be rescheduled during the remainder of the year.

2.10.2.5. The designated official renders a decision on the request and returns it through the CPF to the originating supervisor for transmittal to the employee.

2.10.3. Establishing Restored Leave Account due to Exigency of the Service. Promptly after the leave year ends, the employee should submit a request for restoration of leave with the approval of

exigency attached, stating the actual number of hours lost on specific dates that could not be rescheduled, and then forwards it through the supervisor for endorsement to the CPF. The CPF will review the request and upon determination that the documentation is adequate, will endorse it to the civilian payroll office which, in turn, sends it to DFAS for establishment of a Restored Annual Leave Account, with a copy to the employee.

2.10.4. **Sickness of the Employee.** The employee initiates the request for restoration of annual leave forfeited as a result of sickness as soon as the leave year ends and has the supervisor endorse it to the servicing CPF. The CPF will review the request and, upon determination that the documentation is adequate, will endorse it to the civilian payroll office and DFAS for establishment of a Restored Annual Leave Account, with a copy to the employee. The employee's request must include:

2.10.4.1. Specific beginning and, where known, ending dates of the period of illness or incapacity which interfered with the use of annual leave. The supervisor has the option of requiring medical documentation.

2.10.4.2. Dates and number of hours of annual leave scheduled which had to be canceled; and when this leave was scheduled and approved.

2.10.4.3. Information as to why canceled annual leave could not be rescheduled before the end of the leave year.

2.10.5. **Administrative Error.** When an administrative error causes loss of leave, all leave must be restored as long as the leave was accrued after 30 Jun 1960. Official leave records should be used to substantiate the amount of annual leave to be restored. If these records are not available, an estimate of the employee's leave account is acceptable if accompanied by required documentation to explain the basis for the estimate. If the employee is separated before the error is discovered, the restored leave is subject to credit and liquidation by lump-sum payment if a claim is filed within 3 years immediately following the date of discovery of the error.

2.10.6. **Using Restored Leave.** Restored annual leave must be used by the end of the leave year ending two years after the termination date of the exigency of the public business that resulted in forfeiture of the annual leave; or the date the employee is determined to be recovered and able to return to duty if the leave was forfeited because of sickness; or the date of restoration of the annual leave forfeited because of administrative error.

2.10.6.1. Exceptions to the two-year rule apply for employees at Department of Defense (DoD) installations undergoing closure or realignment under the provisions of section 4434 of Public Law 102-484, *National Defense Authorization Act for Fiscal Year 1993*, October 23, 1992 and section 341 and 2816 of Public Law 103-337, October 5, 1994, *National Defense Authorization Act for Fiscal Year 1995*. A full-time employee shall schedule and use excess annual leave of 416 hours or less by the end of the leave year in progress 2 years after the date the employee is no longer subject to 5 U.S.C. 6304(d)(3). The agency shall extend this period by 1 leave year for each additional 208 hours of excess annual leave or any portion thereof. A part-time employee shall schedule and use excess annual leave in an amount equal to or less than 20 percent of the number of hours in the employee's scheduled annual tour of duty by the end of the leave year in progress 2 years after the date the employee is no longer subject to 5 U.S.C. 6304(d)(3). The agency shall extend this period by 1 leave year for each additional number of hours of excess annual leave, or any portion thereof, equal to 10 percent of the number of hours in the employee's scheduled annual tour of duty.

2.10.6.2. Restored leave should be used before using regularly accrued leave, especially when small amounts (5 days or less) are involved. In the case of large amounts of restored leave it may be appropriate to prorate the use over the entire 2-year limit, or such lesser times as deemed warranted. In all cases, where requested annual leave is to be charged to the restored leave account, appropriate entry will be made on the OPM 71 or other appropriate form. The civilian payroll office may develop local guidelines for use of restored leave.

Chapter 3

SICK LEAVE

3.1. Amount of Sick Leave Earned. All full-time employees on a 40-hour basic workweek or an 80-hour biweekly work schedule, regardless of their length of service, earn 4 hours of sick leave for each full biweekly pay period. Employees on uncommon tours of duty, such as firefighters, earn sick leave at a proportionate rate. (See **Table 2.1...**, Category 1, for examples.) Part-time employees are credited with sick leave in an amount equal to the amount of annual leave credited to employees in Category 1 as outlined in paragraph 2.1.1. No sick leave is accrued in a pay period where leave without pay (LWOP) or absence without leave (AWOL) reaches 80 cumulative hours, or multiples of 80 hours, e.g., 160 hours, 320 hours, or the total hours of a biweekly uncommon tour of duty. Intermittent employees do not earn sick leave since by regulation (5 CFR 340.401(b)), they do not have a regularly scheduled tour of duty.

3.2. Use of Sick Leave. Sick leave is a qualified right of the employee and may be used only for absences:

3.2.1. When incapacitated for performance of duties by physical or mental illness, injury, pregnancy, childbirth, or illness from immunizations or vaccinations (whether or not required as a condition of employment).

3.2.2. For medical, dental, or optical examination or treatment, including periodic physical examination for retention of status in a Reserve component of the Armed Forces or National Guard.

3.2.3. When a member of an employee's immediate family is afflicted with a contagious disease and requires the care and attendance of the employee, or when, through exposure to contagious disease, the presence at work of the employee would endanger the health of others.

3.2.4. To participate in drug or alcohol counseling programs.

3.2.5. To make arrangements for adoption-related activities, including appointments with adoption agencies, social workers and attorneys; court proceedings; required travel; and any other activities necessary to allow the adoption to proceed. This includes periods during which the adoptive parent is home to care for the newly adopted child, as required by the adoption agency or by the court.

3.2.5.1. Leave for adoption can be sick leave, annual leave or leave without pay. Because prospective adoptive parents commonly must make a commitment that one parent will remain at home for several months in order to qualify for adoption, special consideration should be given to requests for leave for this purpose. Supervisors are encouraged to be responsive in granting leave to meet the needs of adoptive parents.

3.2.5.2. Deleted.

3.2.6. See paragraph 3.3. below for an explanation of sick leave for general family care and bereavement purposes under the 13-day entitlement.

3.3. Limited Amount of Sick Leave Use for Family Care. Sick leave may be used to provide care for a family member as a result of physical or mental illness, injury, pregnancy, childbirth, or medical, dental, or optical examination or treatment; or to make arrangements necessitated by the death of a family member or attend the funeral of a family member. A full-time employee may use up to 40 hours (5 days) of his/her sick leave each leave year for family care and bereavement purposes. An additional 64 hours (8

days) may be used as long as the employee maintains a sick leave balance of at least 80 hours. Part-time employees and employees with uncommon tours of duty are also covered. They may use up to the average number of hours in their weekly scheduled tour of duty. An additional amount of leave—not to exceed the number of sick leave hours normally accrued by that employee in a leave year—may be used if the employee has retained an amount of sick leave which equals twice the average number of hours in the employee's scheduled tour of duty each week. For example, employees working an uncommon tour of duty will have an amount of sick leave available each year equal to the number of hours worked in an employee's weekly scheduled tour of duty (i.e., 56/60/72 hours). In addition, an employee may be entitled to use up to the amount of sick leave the employee accrues in a leave year provided they maintain a balance of 112, 120, or 144 hours based on a 56/60/72 hour per week schedule. The definition of a family member may be found at **Attachment 1** of this instruction.

3.4. Availability and Recredit of Sick Leave. Sick leave becomes available for use at the beginning of the pay period during which it is earned. There is no limitation on the amount of sick leave that may be carried forward from one year to another. Any sick leave to an employee's credit upon separation from federal service may be recredited if the individual is reemployed on or after 2 Dec 1994 unless the sick leave was used in the computation of an annuity. (See 5 CFR 630.502(1)).

3.5. How Sick Leave Is Requested and Approved. Sick leave for prearranged medical appointments (including dental or optical examinations or treatment and drug and alcohol counseling sessions) must be requested in advance of the absence. Sick leave for absence because of illness, injury, exposure to contagious disease, illness of a family member with a contagious disease or other circumstances of incapacity which are not known in advance must be requested as soon as possible after the beginning of the absence (normally within the first hour or two). For absences of 3 days or less, sick leave must be requested on the first day and on every additional day of absence, unless the supervisor expressly relieves the employee of this requirement. Requests for sick leave for nonemergency medical appointments, even though submitted with proper evidence, may be denied if it is determined that the employee's services are needed. If the employee fails to follow prescribed procedures for requesting or documenting either emergency or non-emergency sick leave, the request may be denied if the supervisor considers that there were insufficient extenuating circumstances to warrant approval.

3.5.1. Absences of More Than 3 Days. Sick leave of more than 3 consecutive workdays must be supported by medical documentation (or other administratively acceptable documentation for absence) unless the supervisor specifically waives this requirement. The medical documentation must be administratively acceptable to the supervisor, must cover all absence beyond the third workday and specify that the employee was incapacitated for duty for the entire period covered by the statement. As a minimum, the physician should be requested to provide a prognosis and diagnosis and an estimate of the expected date of full or partial recovery as provided in (3), (4), and (5) of the definition of medical documentation in **Attachment 1**. In cases of extended illness, medical documentation may be required periodically, if necessary to establish the employee's continued incapacity to return to duty. For employees on standby tours scheduled on a "24 hours on, 24 hours off" basis, sick leave for more than 2 consecutive 24-hour duty periods must be supported by medical documentation unless the supervisor specifically waives this requirement. If there is any doubt as to the validity or adequacy of the medical documentation presented to support a request for sick leave, the medical officer at the installation may be requested to review the documentation submitted and, with the employee's permission, to consult the employee's physician for additional information. Where evidence does not jus-

tify the approval of sick leave, the absence may be charged to annual leave or LWOP with the employee's consent, or AWOL.

3.5.2. Absences Due to Contagious Disease. Sick leave due to exposure to contagious disease or the illness of a member of the immediate family with a contagious disease must be supported by medical documentation regardless of the length of the absence. When an employee requests sick leave because a family member has a contagious disease, the employee must present a statement from the attending physician to show that the family member requires the employee's care and attendance as well as the fact that the disease is subject to quarantine or isolation of the patient by public health authorities having jurisdiction. (See definition of contagious disease in **Attachment I**.)

3.5.3. Absences of 3 Days or Less. Ordinarily, except as in paragraph 3.5.2., medical documentation is normally not required for absences of 3 days or less. An employee who is absent frequently for short periods of illness may be advised to visit a physician for physical checkup or, if civilian medical facilities are available at the installation, may be offered a physical examination. When there is reason to believe that an employee is abusing sick leave, medical documentation may be required for absences of 3 days or less. This requirement must be limited to cases of suspected abuse and can be imposed only when the employee has been specifically informed in writing of the requirement in advance. Do not establish practices which require submission of medical documentation by all employees for absences of 3 days or less, checkup visits to the homes of all absentees, or unduly complex procedures for the approval of sick leave.

3.6. Return to Duty After Illness. Any requirement for clearance with the medical facility before returning to work must be limited to those specific cases where there is reason to believe that presence at work would endanger the employee's health or would constitute a health hazard to others. The leave-approving official determines what is acceptable evidence of incapacity. If necessary, the medical officer at the installation may be asked for assistance in making this determination.

3.7. Substitution of Sick Leave for Annual Leave. If illness occurs during a period of annual leave, sick leave may be substituted contingent upon submission of supporting evidence acceptable to the supervisor, which may include the requirement for medical documentation.

3.8. Disabled Veterans. A disabled veteran who presents an administratively acceptable statement from a physician or other duly constituted medical authority showing that medical examination, treatment or absence in connection with the service-connected disability is required must be granted all sick leave (including advanced sick leave), and all annual leave permitted by law, plus any leave without pay that may be necessary to undergo treatment. Except for emergency treatment, the granting of such leave is contingent upon the veteran's giving prior notice of the definite periods of required absence so that arrangements can be made for carrying on the work during the absence.

3.9. Outside Employment During Sick Leave. As a general rule, sick leave is not approved for a period of absence during which an employee engages in outside employment. Exception is made when the nature of the employee's illness or disability and the nature of the outside employment make it clearly evident that the employee is still incapacitated for the regular job while engaging in the outside employment. However, before engaging in outside employment during a period of sick leave, the employee must notify the leave-approving official of the nature of the employment and furnish acceptable evidence of incapacitation for duty. **NOTE:** Before allowing an individual to engage in outside employment during a period

of sick leave, the supervisor must make every reasonable effort to furnish light duty or appropriate detail duties the employee can perform.

3.10. Treatment of Injury in Performance of Duty. On the date of injury, an employee injured in the performance of duty is considered to be in a duty status during the time required for initial examination or emergency treatment by a federal physician or by a facility officially authorized to treat employees injured on duty. An employee who suffers a traumatic on-the-job injury may elect to use sick leave and/or annual leave or 45 days continuation of pay (COP). If the claim is denied, the employee may request sick or annual leave to cover the period of absence. An employee also has the option to “buy back” sick leave used in relation to a job-related injury or illness. Employees are entitled to use any accrued and accumulated sick leave to their credit when they suffer a work-related illness or disease. While awaiting adjudication of a claim for compensation by the Office of Workers’ Compensation Program (OWCP), the employee is entitled to use available sick or annual leave, or LWOP, as requested. However, disability for wage loss compensation benefits may only be paid to employees for periods of leave without pay. LWOP during OWCP determination and adjudication would be paid under 5 U.S.C. Chapter 81.

3.11. Use of Advance Sick Leave. An advance of sick leave is a privilege which may be extended to employees. It is not considered a routine or standard procedure and will be granted only after all circumstances have been carefully weighed. Advancing sick leave to an employee so he or she can maintain the 80-hour balance requirement is prohibited. In case of serious disability, illness, incapacitation, or confinement for childbirth, employees may be advanced up to 30 workdays of sick leave, or equivalent for uncommon tours of duty. To determine the maximum amount of sick leave that can be advanced for an employee on an uncommon tour of duty, multiply 240 hours by weekly hours in the uncommon tour and divide by 40 ($240 \times \text{weekly uncommon tour} / 40 = \text{maximum hours}$). Employees requesting advanced sick leave to provide care for a family member or for bereavement purposes may be advanced sick leave in an amount not to exceed the maximum allowable (40 hours per leave year for full time employees). Requests for advanced sick leave may be made before or during the period of absence but no later than the employee’s return to duty. See paragraph 3.3. for additional information regarding sick leave for general family care and bereavement purposes.

3.11.1. In granting advance sick leave consider: the employee’s prior sick leave history; annual leave versus sick leave balance history; length of continuous employment; and whether all accumulated sick leave to the employee’s credit has been exhausted. Also consider requiring the employee to use any annual leave which may be subject to forfeiture.

3.11.2. When it is known that the employee is to be retired or otherwise separated, the total advance may not exceed an amount which can be liquidated by accrual before separation.

3.11.3. An application for advance sick leave must be supported by medical documentation signed by a physician or health care provider. The medical documentation should normally address items as defined in **Attachment 1**, and any other items, necessary for management to make a decision regarding the application. In all cases, a statement indicating the date the employee is expected to return to normal duties is required. **NOTE:** Supervisors are cautioned that only the information necessary to make a decision should be required. However, until the supervisor has sufficient information upon which to base a decision, no advance can be granted.

3.11.4. Advance sick leave is not granted if it is considered likely that the employee will not return to duty for a sufficient period of time to repay the advanced leave, or if there are insufficient funds in the retirement account to liquidate the indebtedness.

3.11.5. Advance sick leave is liquidated automatically through accrual of sick leave after the employee returns to work. Repayment is not required when separation is because of death, resignation for disability supported by acceptable medical documentation, or disability retirement.

3.11.6. An unliquidated advance is carried forward from pay period to pay period and from one leave year to the next until liquidated by subsequent accrual. If the employee requests, advanced sick leave may be liquidated by a charge against an equivalent amount of annual leave. When an employee separates from federal service before liquidating the advance, the balance is liquidated in the following order by:

3.11.6.1. Charge against available annual leave.

3.11.6.2. Setoff against earned salary or unapplied savings bond balances.

3.11.6.3. Request for retirement setoff.

3.12. Sick Leave to Care for a Family Member with a Serious Health Condition. An eligible employee may use a total of up to 12 administrative workweeks of sick leave each leave year to care for a family member with a serious health condition. If an employee previously has used any portion of the 13 days of sick leave for general family care or bereavement purposes in a leave year, that amount must be subtracted from the 12-week entitlement. If an employee has already used 12 weeks of sick leave to care for a family member with a serious health condition, he or she cannot use an additional 13 days in the same leave year for general family care purposes. An employee is entitled to a total of 12 weeks of sick leave each year for *all* family care purposes.

3.12.1. Definition of a Family Member. The definition of a family member may be found at **Attachment 1** of this instruction. The definition of a family member is the same as 5 CFR 630.201(b).

3.12.2. Serious Health Condition. A serious health condition has the same meaning as used in the Office of Personnel Management's regulations for administering the Family and Medical Leave Act of 1993 (FMLA) and may be found at **Attachment 1** of this instruction. (See 5 CFR 630.1202.) This definition includes, but is not limited to, such conditions as cancer, heart attacks, heart conditions requiring heart bypass or valve operations, back conditions requiring extensive therapy or surgical procedures, kidney dialysis, physical therapy, strokes, severe injuries, severe respiratory conditions, spinal injuries, appendicitis, pneumonia, emphysema, severe arthritis, severe nervous disorders, injuries caused by serious accidents on or off the job, clinical depression, recovery from major surgery, final stages of a terminal illness, Alzheimer's disease, pregnancy, and childbirth. A serious health condition is not intended to cover short-term conditions for which treatment and recovery are very brief. The common cold, the flu, earaches, upset stomach, headaches (other than migraines), routine dental or orthodontia problems, etc., are not serious health conditions unless complications arise. Medical certification is required for a serious health condition.

3.12.2.1. Medical Documentation. An employee must provide written medical certification to document the use of sick leave to care for a family member with a serious health condition. Requests shall be submitted to the approving official on a SF 71 or other appropriate form. The employee must provide written medical certification of a serious health condition, signed by the health care provider no later than 15 workdays after the date requested by the Air Force. (See def-

inition of Medical Documentation at **Attachment 1** for guidance.) An additional written statement must be provided from the health care provider concerning the family member's need for psychological comfort and/or physical care. The statement must certify that the family member requires psychological comfort and/or physical care, the family member would benefit from the employee's care or presence, and the specific length of time the employee is needed to care for the family member.

3.12.3. Use of Sick Leave for Family Care. The same limitations apply to the use of sick leave to care for a family member with a serious health condition as apply to the use of sick leave for general family care or bereavement purposes. (See paragraph 3.3.) A covered full-time employee may use 40 hours (5 workdays) of sick leave each leave year for these purposes. An employee may use additional sick leave for general family care or bereavement purposes or to care for a family member with a serious health condition if he or she maintains a balance of at least 80 hours of sick leave in his or her account. Only the first 40 hours of sick leave (or a proportional amount for an employee on a part-time schedule or uncommon tour of duty) may be advanced. (See paragraph 3.11.)

3.12.4. Relationship to Voluntary Leave Transfer Program. Employees approved for the voluntary leave transfer program are required to use their sick leave before using donated annual leave. Under this program, an employee may receive donated annual leave from other employees if he or she is affected by a personal or family medical emergency and has exhausted his or her available paid annual and sick leave. (See Chapter 9.)

3.12.4.1. An employee faced with a family medical emergency who has exhausted his or her entitlement to 12 weeks of sick leave for family care purposes (or a lesser amount if the employee has not accrued 12 weeks of sick leave) may receive donated annual leave. In addition, an employee who is using donated annual leave on the effective date of the new sick leave policy is required to use all of his or her sick leave available for family care purposes before he or she can continue to use donated annual leave.

3.12.5. Childbirth and Newborns. Pregnant employees are entitled to use sick leave for prenatal and postnatal medical appointments and any periods of incapacitation as a result of pregnancy and childbirth. A biological mother or father cannot use 12 weeks of sick leave to care for a healthy newborn, but only for one with a serious health condition. A parent may use annual leave or leave without pay to care for a healthy newborn.

Chapter 4

LEAVE WITHOUT PAY

4.1. When Leave Without Pay (LWOP) Is Granted. LWOP is a temporary nonpay status and an authorized absence from duty granted only upon the employee's request, in situations such as when the employee has insufficient annual or sick leave, or compensatory time available to cover an approved absence. An employee does not have to exhaust annual leave before requesting LWOP. LWOP cannot be imposed as a penalty, nor can an employee be required to apply for LWOP in lieu of suspension. It must not be confused with absence without leave (AWOL), which is charged for unauthorized absence, or absence for which the employee did not request and obtain approval of leave. Even though the reason for requesting LWOP is known to be legitimate, e.g., illness, injury, or personal emergency, the request may be denied if the employee's services are required or if the employee has not followed prescribed leave procedures. The granting of LWOP is a matter of administrative discretion except as specified below. Even though LWOP is a nonpay status, it is still approved leave and must be requested by the employee and approved by the supervisor. An employee must work an established regular tour of duty during the administrative workweek in order to qualify for leave benefits. (See 5 U.S.C. 6301(2)(B)(ii).) Regularly scheduled work is defined in 5 CFR 610.102 as work that is scheduled in advance of an administrative workweek under the agency's procedures for establishing workweeks.

4.1.1. LWOP Mandated by Law. LWOP must be granted in the following three circumstances to:

4.1.1.1. A disabled veteran to cover an absence for medical treatment related to a service-connected disability. (See Uniformed Services Employment and Reemployment Rights Act of 1994 (USERRA).)

4.1.1.2. A member of the Reserve or National Guard to perform military training and/or active duty. (See USERRA.)

4.1.1.3. An employee who requests LWOP under the Family and Medical Leave Act (FMLA).

4.1.2. LWOP Mandated by Regulation. If the employee has followed leave procedures, the granting of LWOP is mandatory under the following circumstances:

4.1.2.1. For protecting an employee's status and benefits pending action by the Office of Workers' Compensation Programs (OWCP) on a claim resulting from a work-related illness or injury or during a period the employee is carried on the rolls while being compensated by the OWCP. NOTE: If an employee who is receiving compensation payments is separated, it is more administratively difficult to return them to duty than if they had been retained in a LWOP status. This is due largely to requirements imposed by OWCP. If the employee meets the requisite requirements for continued Federal Employees Health Benefits (FEHB) and Federal Employees' Group Life Insurance (FEGLI) enrollment, transfer FEHB to OWCP after 10 months of LWOP and transfer FEGLI to OWCP after 12 months of LWOP. (See FEHB and FEGLI Handbooks for additional guidance.) Employees receiving compensation should be retained in a LWOP status for 12 months rather than separated unless there is medical evidence of the employee being unable to return to work within that time. (See 5 CFR 353 for authority.)

4.1.2.2. To avoid a break in service for career and career-conditional employees who are dependents of a military member or a federal civilian employee or who are dependents of an individual who is employed by a public or private sector organization and who must relocate because of the

transfer of the head of the household. (Dependents of a public or private sector employee must provide acceptable evidence of the requirement to transfer. For DoD dependents, orders are acceptable evidence.) Such employees whose travel and transportation are covered by their sponsor's eligibility, are granted LWOP upon their request for a period of up to 150 days to allow an opportunity to secure federal employment. A resignation SF-52 must be submitted along with the request for LWOP. The losing supervisor may fill behind immediately as long as the projected resignation SF-52 has also been submitted by the departing employee. Additional LWOP, up to 12 months, may be granted at the option of the former leave-approving supervisor. Also eligible under this provision are former spouses of sponsors following death, divorce, or legal separation if they accompanied the sponsor on a permanent change of station to the current duty station. Because the purpose and conditions of appointment under the Schedule A dependent hire authority and under the overseas limited authority are meant only for employment in foreign areas, LWOP may not be granted to any employee serving under these authorities who is leaving that employment for return to the United States unless the employee has eligibility for appointment under Executive Order (EO) 12362 (as amended by EO 12721), i.e., 12 months service in the overseas area. An employee who is granted LWOP has to perform duty on the last duty day prior to the start of the LWOP. It is not appropriate to exhaust annual leave before LWOP in cases where the basis for LWOP is that the employee must relocate because of the transfer of the head of household. This means they are not expected to return to work. Annual leave is only appropriate in instances where the employee is expected to return to work. (See paragraph 2.4.2. for additional guidance on terminal leave.)

4.1.2.3. Seasonal employees are placed in a nonpay status, not in a LWOP status, when released from duty due to workload requirements or seasonal nature of work. Seasonal employees may be granted LWOP from their regular scheduled tour of duty at their request IAW the provisions of this chapter.

4.1.3. LWOP in Other Circumstances. LWOP in other cases should be granted only when it is apparent that it will result in increased job capability, protection or improvement of the employee's health, or the retention of a desirable employee. Circumstances in which the approval of LWOP is discretionary include (but are not limited to) the following:

4.1.3.1. For educational purposes when the course of study is in line with work performed within the Air Force and completion of the course would serve the best interests of the Air Force.

4.1.3.2. For protecting the rights and benefits of employees who must relocate because of an emergency family situation.

4.1.3.3. For temporary service with a non-federal or private enterprise when it will contribute to the public welfare or when the experience to be gained will benefit the Air Force.

4.1.3.4. For service with a recognized employee organization.

4.1.3.5. For protecting an employee's status and benefits pending final action by the Office of Personnel Management (OPM) on a claim for disability retirement, after all sick and annual leave have been exhausted.

4.1.3.6. For recovery from illness or disability not of a permanent nature.

4.1.3.7. For protecting the rights and benefits of employees who request to remain at home to care for a newborn, newly adopted, or sick minor child. (See **Chapter 10** for more information on Family and Medical Leave.)

4.2. Amount of LWOP. There is no maximum prescribed by law or regulation on the amount of LWOP which can be granted. Costs and inconveniences to the Air Force as a result of granting extended LWOP include encumbrance of a position, loss of services, complication of retention registers in the event of reduction in force, obligation to provide active employment at the end of the approved leave period, credit of 6 months of each year towards retirement without employee contributions, eligibility for continued coverage under FEGLI (without cost to the employee for up to 1 year of nonpay status), and payment of the employer's share of health insurance premiums for LWOP up to 365 days.

4.3. When LWOP is Not Granted. LWOP is not granted to an employee who is being returned from overseas at government expense for separation.

4.4. Who Approves LWOP. Supervisors authorized to approve annual and sick leave determine (subject to any higher administrative approval required locally) when requests for LWOP for 1 year or less may be granted. LWOP of more than 30 consecutive days must be made a matter of record in the Official Personnel Folder. Supervisors are required to submit a Request for Personnel Action (RPA) through the CPF to the Air Force Personnel Center (AFPC) or a SF 52, **Request for Personnel Action**, to the local CPF prior to granting LWOP of more than 30 days. Initial grants of LWOP may not exceed 12 months. If an additional grant is deemed justified, the employee's request for extension must be submitted to the installation commander or designee for approval. An extension beyond 1 year may be approved only when it is in the interest of the federal service, or when it is determined that, because of unusual circumstances, the employee would be subjected to undue hardship if the extension were denied.

4.5. Leave Without Pay-Uniformed Services (LWOP-US). LWOP-US is leave of absence to perform duty with the uniformed services. When permanent civilian employees in the Reserve or the National Guard perform military duty, document all LWOP-US on the SF-50 including actions of 30 days or less. This will enable personnel/payroll offices to have a record of military service deposits for retirement purposes and will entitle employees to make up contributions to the Thrift Savings Plan (TSP).

4.6. LWOP for Attendance at School Functions. Parents are authorized up to 24 hours of LWOP in a leave year for participation in school activities directly related to the educational advancement of their children. This includes, but is not limited to, parent-teacher conferences or meetings with child-care providers, interviewing for a new school or child-care facility, or participating in volunteer activities to support the child's educational advancement.

Chapter 5

MILITARY LEAVE

5.1. Military Leave Explained. Military leave is absence from duty in the employee's civilian position without loss of pay (including pay for regularly scheduled overtime) to perform military duty. Eligible employees must, upon request, be granted military leave to which entitled for performance of active duty, active duty for training, or inactive-duty training (as defined in section 101 of title 37). As a result of the Uniformed Services Employment and Reemployment Rights Act of 1994 (USERRA), if an employee is ordered to an initial period of active duty for training or inactive-duty training with the Reserve or National Guard, the employee may be granted military leave, annual leave, previously-earned compensatory time off, previously-earned credit hours, or LWOP as requested. Military leave does not have to be exhausted first and may be intermingled with other appropriate types of leave to perform military duty. However, if the employee (except a temporary employee) is to continue on active duty for an extended period (usually more than 1 year), the employee must be placed in LWOP-US status unless the employee elects to use other leave or freely and knowingly provides written notice of intent not to return to a position of employment with the agency, in which case the employee can be separated. (See 5 CFR 353.106(a).)

5.2. Eligibility Criteria. Employees entitled to military leave must meet the following criteria:

5.2.1. Be a member of a Reserve or National Guard component.

5.2.2. Be a full-time, part-time, or indefinite employee who does not have an intermittent work schedule.

5.2.3. Be serving in an appointment that is not limited to 1 year or less. NOTE: Although an employee may serve longer than 1 year on successive temporary appointments, there is no eligibility until the employee serves under an appointment that is not limited to 1 year or less.

5.3. Military Leave Entitlement. An eligible full-time employee with a regularly scheduled 40-hour workweek or 80-hour pay period who is a member in the Reserve of the armed forces or a member of the National Guard accrues 15 days/120 hours (15 days x 8 hours) of military leave each fiscal year. Eligible part-time or uncommon tours of duty employees earn an equivalent of three workweeks of military leave each fiscal year based upon their schedule. For example, employees with a 53-hour workweek accrue 159 hours of military leave each fiscal year; employees with a 60-hour workweek accrue 180 hours, and employees with a 72-hour workweek accrue 216 hours of military leave. Any military leave (not to exceed 15 days/120 hours), which is unused at the end of a fiscal year, is carried forward to the next fiscal year and is available for use in addition to the days/hours credited for the new fiscal year. This means that an employee may have a maximum of the equivalent of 30 days military leave available for use during a fiscal year. An employee who is a member of the Reserve or National Guard who is not eligible for, or who has exhausted his or her military leave, must be granted annual leave, previously-earned compensatory time off, credit hours, or LWOP, as requested, in order to perform active or inactive duty for training. An employee on military duty cannot use sick leave (unless appropriate).

5.3.1. Part-Time Military Leave Entitlement. Part-time career or career-conditional employees who are on a regularly scheduled tour of duty of 16 to 32 hours a week accrue military leave at a rate determined by dividing 40 into the number of hours in the regularly scheduled workweek during the fiscal



DEPARTMENT OF THE AIR FORCE
HEADQUARTERS OGDEN AIR LOGISTICS CENTER (AFMC)
HILL AIR FORCE BASE, UTAH

19 Feb 2002

MEMORANDUM FOR ALL DIRECTORS, DEPUTIES, AND SECRETARIES

FROM: OO-ALC/DPCE

SUBJECT: Proper Management of Resources, Time and Attendance

1. In today's changing climate, the Center's prime objective is to maintain a top quality ALC, while staying competitive. To do this we must place continued emphasis on finding better ways of working smarter with reduced resources. One specific area of concern is the proper use and management of our budgetary resources and employee time and attendance.

2. It has long been the policy for managers to reduce the usage of annual leave in an organization utilizing overtime to meet workload demands. This policy stands and it is increasingly important that it be enforced. There are some occasions when it is justifiable to allow employees to take annual leave while working overtime in the same pay period. For example, if the employee takes annual leave on a Monday and a special project occurs later in the week, there is no bar to the use of overtime. Normally, it is an unacceptable management practice to approve annual leave during periods of known heavy workload, then later work overtime to perform those duties which could have been accomplished if leave had not been taken. However, consideration should be given to the following:

a. Where large numbers of employees are required to work because of an emergency work load situation or in situations where the overtime work load is ongoing for a considerable period of time, any scheduled annual leave requests from members of the group must be carefully reviewed. The reason for the leave request must be taken into consideration against the workload requirements. Additionally, forfeitures of leave must be considered--especially if a workload exigency would not likely be approved.

b. Unscheduled leave requests should be dealt with on a case by case basis and some situations, e.g., family emergencies such as a request to attend the funeral of a family member, should be approved.

Supervisors are reminded that they must adhere to provisions of the Master Labor Agreement when scheduling annual leave or canceling previously approved annual leave.

3. Other concerns that must have continued attention are the practice of earning and using compensatory (comp) time without proper authorization and annotation to the Time and Attendance Sheets, and unauthorized shift changes used to prevent leave charges or to avoid overtime payments. Taking "unrecorded" time off as payment for "unrecorded" time worked or to avoid leave charges is illegal. Supervisors practicing or condoning these or any other illegal/improper scheduling methods place themselves and their employees in a precarious position and may even find themselves being disciplined.

4. To avoid questions as to the proper management of overtime/comp time resources, the following clarification is given:

a. All overtime or comp time worked must be approved in writing on AF Form 428, Request for Overtime, Holiday Premium Pay, and Compensatory Time, before hours are worked whenever feasible. When this is not feasible, complete the form as soon as possible after the work has been performed. For budgetary reasons the director, or equivalent, should be the approving official for these requests--unless this authority has previously been delegated, in writing, to division or equivalent management level.

b. Both General Schedule (GS) and Federal Wage System (FWS) employees are eligible for comp time off from their scheduled tour of duty, instead of overtime pay, for the equivalent number of hours worked in overtime status. All FWS employees and nonexempt GS employees, covered under the bargaining unit, may not be coerced or required to take comp time in lieu of irregular or occasional overtime. This election is an **employee option** for these individuals. Exempt employees, whose rates of pay exceed the GS-10 step 10, must take comp time off instead of overtime pay, unless overtime payment is approved by Commanders, Directors, Staff Directors or Division Chiefs. (Note: GS employees, whose rates of basic pay exceed the rate of a GS-10 step 1, will be paid an overtime hourly rate of one and one-half times the hourly rate of a GS-10 step 1. In all cases, earned overtime or comp time can be credited only to the extent that payment does not cause **aggregate** pay for any pay period to exceed the maximum rate for grade GS-15.)

c. All earned comp time will be paid as overtime if not used within 26 pay periods. There will no longer be any forfeitures of comp time. Additionally, when employees change PAS codes, they will carry existing balances with them to the new organization. Because our budget will not allow large payments of overtime for time intended as comp time, it is imperative that supervisors diligently monitor hours and use of all earned comp time and, to the extent feasible, encourage usage within one or two pay periods of the date earned. Since it is the employee's responsibility to request the type of leave needed to cover an absence, the supervisors cannot require that comp time be used before annual leave is approved--except when annual leave would otherwise be forfeited. However, supervisors will still be required to give an accounting of any unused comp time that reverts back to overtime payment and results in increased organizational costs.

5. Please refer any questions to Diane Mabey, DPCE, ext. 7-7791 or e-mail: Diane.Mabey@HILL.af.mil.

//SIGNED//

DONALD S. HOLMAN
Ch, Labor & Employee Mgt Relations
Civilian Personnel



Family and Medical Leave Act of 1993 Hill AFB Guidelines and Procedures

1. The following are Hill AFB Guidelines and Procedures for the Family and Medical Leave Act of 1993 (FMLA), which must be utilized in conjunction with 5 CFR (Code of Federal Regulations) Part 630, Subpart L, Family and Medical Leave (available at <http://www.access.gpo.gov/nara/cfr/>). It entitles most federal employees a total of up to 12 administrative workweeks of leave without pay (LWOP) during any 12-month period for certain family and medical needs.

2. Most federal employees under appropriated funds, as defined in 5 USC (United States Code) § 6381(1), who have completed at least 12 months of qualified service, are covered. Employees on intermittent appointment or temporary appointment of one year or less are excluded.

3. Covered employees with an approved request are entitled to:

a. the amount necessary up to a total of 12 administrative workweeks of LWOP during any 12-month period, beginning on the date the leave begins, for one or more of the following qualifying events:

(1) birth of a son or daughter of the employee and in order to care for such son or daughter.

(2) placement of a son or daughter with the employee for adoption or foster care.

(3) in order to care for the employee's spouse, son, daughter, or parent, due to their serious health condition, all as defined in 5 CFR § 630.1202 (serious health conditions are also described on page 4 of Form WH-380 - see paragraph 4b below).

(4) because of a serious health condition, as defined in 5 CFR § 630.1202 (serious health conditions are also described on page 4 of Form WH-380 - see paragraph 4b below), which makes the employee unable to perform one or more of the "essential functions" of his or her position (determined by the supervisor, see also the position description).

b. protection of employment and benefits, as described in 5 CFR § 630.1208 and 1209. If elected, Federal Employees Health Benefits continue for up to 365 days in a nonpay status. Utilizing the **Benefits Summary for Civilian Employees on LWOP** (Attach 1 or the most current version at <http://www.afpc.randolph.af.mil/dpc/best/menu.htm>), the employee may elect termination of health benefits or retention of health benefits with a designation of how the employee's share of the premiums will be paid. Follow the mailing instructions and also send a copy to the Entitlements Section, Civilian Personnel, OO-ALC/DPCE.

c. substitute accrued or advanced annual or sick leave for unpaid leave under FMLA consistent with current law and regulations governing the use of annual or sick leave and when requested in advance. Leave donated to the employee under the Voluntary Leave Donation Program may also be substituted under FMLA or used separately. Substitution of paid leave for unpaid leave under FMLA cannot be done retroactively.

4. Employee Responsibilities.

a. Invoke entitlement by requesting leave under FMLA. Utilize block 5 of **OPM Form 71, Request for Approved Absence*** (Office of Personnel Management Form, Attach 2), in addition to completing blocks 1 through 7b. Include LWOP and/or substituted paid leave. Other types of leave may not be substituted retroactively. See paragraph 6 below if use will be intermittent. Provide the completed OPM Form 71 to the immediate supervisor as follows

(1) If foreseeable, in not less than 30 days prior to start date. The applicable medical certification or evidence described below in paragraph b or c must also be provided within 15 days of the date the entitlement is invoked.

(2) If events beyond the control of the employee prevent the employee from making the request 30 days in advance, make the request as soon as is practicable for the circumstances involved prior to the absence. In emergency situations, notice from an employee's personal representative (spouse, domestic partner, family member, or other responsible party) as designated in writing by the employee will suffice until the employee is able to contact the supervisor and within 15 days of the emergency notice provide the leave form and medical certification. If despite the employee's diligent, good faith efforts, the medical certification cannot be provided within 15 days of contact, it must be provided not later than 30 days.

b. For the purpose of 3a(3) & (4) the employee must also provide acceptable medical certification on **Form WH-380, Certification of Health Care Provider*** (U.S. Department of Labor Form, Attach 3) to satisfy the mandatory requirement to furnish medical certification (IAW 5 CFR § 630.1207) completed by a qualified health care provider, as defined in 5 CFR § 630.1202. Also, under 3a(4) it is necessary to provide the health care provider with information on the "essential functions" of the employee's position (determined and provided by the supervisor, see also the position description). Report status and intent to return to duty periodically. Failure to provide medical certification may result in unauthorized absence without leave (AWOL) charges and may form the basis for disciplinary action.

c. For the purpose of 3a(1) & (2) the employee must provide evidence that is administratively acceptable.

d. An employee may not retroactively invoke his or her entitlement to FMLA leave; however, if an employee and their personal representative are physically or mentally incapable of invoking the employee's entitlement to FMLA leave during the entire period of absence from work for a qualifying event, the employee may retroactively invoke his or her entitlement. Invoke entitlement within two workdays after returning to work and within 15 days of invoking the entitlement provide the medical certification. Include documentation of the incapacity that prevented the employee from invoking FMLA during the entire period of absence. In addition, provide acceptable documentation explaining the inability of the representative to contact the agency and invoke the employee's entitlement to FMLA during the entire period of absence.

e. If an extension of the original leave period is requested, or the circumstances described in the original medical certification change significantly, or receipt of information casts doubt upon validity of the original medical certification, the employee may be required to provide an updated medical certification on Form WH-380.

f. To remain entitled to FMLA under 3a(3) & (4), an employee or the employee's family member must comply with any requirement from the agency to submit to examination (though not treatment) to obtain a second or third medical certification at the agency's expense from a health care provider designated by the agency.

5. Supervisory responsibilities.

a. Confirm that the employee is invoking his or her entitlement to FMLA. If provided verbally, provide an OPM Form 71 and request that the employee complete it as described above in paragraph 4a.

(1) If the purpose is under 3a(4), provide a copy of the position description to the employee and indicate which are the "essential functions" or fundamental job duties of the position (see 29 CFR § 1630.2(n)) as determined by the supervisor.

(2) Annotate the OPM Form 71 appropriately as follows: **provisionally approved**, "pending receipt of acceptable evidence or medical certification of a qualifying event within 15 days" or "pending a determination regarding the documentation received;" **approved**, based on the receipt of acceptable evidence or medical certification for a qualifying event; **disapproved**, "evidence or medical certification is not based on a qualifying event" and when determined after the fact, "your absence has been charged as AWOL," unless other leave has been authorized. See also paragraph 6 below regarding intermittent use.

b. Regarding the medical certification, if the validity is in doubt, reasonableness of the amount of leave or treatment is in doubt, it is incomplete, or it is not received, the supervisor will contact their Employee Management Relations (EMR) Specialist in Civilian Personnel for further direction (see also 5 CFR § 630.1207 (d)). The supervisor will also contact their specialist if an alternate position is considered (see paragraphs 3b & 4f above).

c. Provide a copy of the annotated OPM Form 71 to the EMR Specialist by mail to OO-ALC/DPCE or fax to 586-3233.

d. Up to 30 consecutive days of LWOP are documented in the timekeeping system. Initiate a Request for Personnel Action for LWOP of 30 consecutive days or more and another for return to duty as appropriate.

e. The supervisor will monitor the amount of leave used under FMLA, maintain these records within the Employee's Supervisory Record, and ensure FMLA leave does not exceed 12 administrative workweeks during any 12-month period beginning on the date the leave begins. An employee is not entitled to 12 additional workweeks of FMLA leave until the previous 12 month period ends and an event occurs that entitles the employee to another period of FMLA leave (may include a continuation of a previous situation).

f. Supervisors safeguard medical certifications (IAW 5 CFR § 293.106) within the Employee's Supervisory Record from unauthorized access, use, modification, destruction or disclosure. Ensure the records are secured whenever they are not in use or under the direct control of authorized persons. Maintain certifications in accordance with needs described in paragraph e above and then destroy.

g. If the employee requests an extension of the original leave period, or the circumstances described in the original medical certification change significantly, or receipt of information casts doubt upon validity of the medical certification, the employee may be required to provide an updated medical certification on Form WH-380. When these situations arise supervisors will contact their EMR Specialist for further direction.

6. Intermittent Leave Usage. Supervisors may authorize intermittent leave usage or a reduced work schedule: under 3a(3) & (4) when medically necessary; under 3a(1) & (2) if mutually agreed.

a. If the use of FMLA leave is required on an intermittent basis, the employee must indicate this in the notice of leave and obtain approval from the supervisor. The employee must consult with the supervisor and make a reasonable effort to schedule leave and treatment so as not to disrupt unduly the operations of the agency.

b. The employee may be temporarily placed in another position, for which qualified and at same pay, to better accommodate recurring periods of leave if required by the immediate supervisor. The branch chief or equivalent will determine whether the alternative position meets the criteria set forth in 5 CFR § 630.1204(d) and will document this decision in the FMLA file maintained within the Employees' Supervisory Records.

7. Miscellaneous.

a. An employee who takes leave under FMLA for his or her own serious health condition will report to the Civilian Dispensary, Building 249, upon returning to work.

b. If the employee is not fully recovered when he or she returns to work, other leave may be requested and considered in accordance with applicable policies and procedures. If the employee will be unable to return to work, the supervisor will contact their EMR Specialist for further direction.

c. Disciplinary action may be taken against an employee who provides false certification of the need for leave.

d. Employees may file a grievance under the agency's grievance procedures or negotiated grievance procedures if he or she believes that the agency has not fully complied with the rights or requirements of the FMLA.

3 Attachments

1. Benefits Summary for Civilian Employees on LWOP
2. OPM Form 71, Request for Approved Absence*
3. Form WH-380, Certification of Health Care Provider*

*These forms may also be obtained at <http://www.opm.gov/oca/leave/index.asp>



Updated 27 Jun 03

Benefits Summary for Civilian Employees on Leave Without Pay (LWOP)

(Full and Limited Service)

This benefits summary does not apply to employees who enter LWOP for military active duty.

Employees can request, and supervisors approve, LWOP for a variety of reasons. Read on to discover how LWOP impacts your benefits.

FEDERAL EMPLOYEES' HEALTH BENEFITS (FEHB)

What happens to my health insurance when I enter a LWOP (nonpay) status? During a period of LWOP you may elect, *in writing*, to terminate your FEHB coverage or to continue it for a maximum of 365 days. A period of LWOP can also impact the tax treatment of your FEHB premium and may permit you to change your participation in premium conversion. You must notify the Benefits and Entitlements Service Team (BEST) in writing, via the attached FEHB Options While in Nonpay Status Election form, whether you wish to continue or terminate your FEHB enrollment. *If you do not return the election form, your enrollment will continue and you will be responsible for the premiums.*

If I continue my FEHB enrollment while on LWOP, what are my options for paying the premiums?

You may elect to pay the premiums on a current basis or incur a debt. Payment on a "current basis" means sending a check directly to your servicing Defense Finance and Accounting Service (DFAS) payroll office each pay period while on LWOP. An election to incur a debt means you agree to pay the resulting debt via payroll deduction after you return to duty.

May I change my premium conversion participation election based on LWOP? Yes. Entering a LWOP status and returning to duty from LWOP are both qualifying life events for the purpose of changing your premium conversion participation status. You may change from participating to not participating, or vice versa.

Does LWOP affect the tax treatment of my FEHB premium? It can. If you are currently participating in premium conversion, your premiums are withheld from your salary on a "before-tax" basis. If you elect to pay your premiums on a current basis while on LWOP, your payments will be "after-tax." If you elect to incur a debt and have the premiums deducted from your salary after you return to duty, they will be on a "before-tax" basis. If you are not participating in premium conversion, premiums will be paid on an "after-tax" basis regardless of whether you pay on a current basis or incur a debt -- unless you change your premium conversion status from "not participating" to "participating" upon entering into LWOP, or upon returning to duty.

How do I change my premium conversion participation status? Complete the FEHB Premium Conversion Waiver/Election Form and mail or fax it to the address/fax numbers listed below. The form is located on our website at www.afpc.randolph.af.mil/dpc/best/fehb.htm.

Is there a time limit for changing my premium conversion participation status? Yes. Premium conversion elections may be submitted 31 days prior to but no later than 60 days after the effective date of entering into LWOP, or within 60 days of returning to duty from the LWOP status.

May I use EBIS or the BEST phone automated system to cancel my enrollment? We recommend against using these systems to stop your enrollment, for the following reasons.

-- Using the BEST phone system or EBIS to stop your health insurance results in a "cancellation" of the enrollment. With a cancellation, you are not eligible for the 31-day automatic extension of coverage or the conversion privilege. When you return to work you will have to wait until the next open season or permissible life event to reenroll. In addition, canceling your enrollment will count as a break in the current

continuous coverage you need to be eligible to take your health insurance into retirement. Finally, if you are participating in premium conversion, you may NOT cancel your coverage except during an annual open season or upon a qualifying life event (QLE).

-- If you "terminate" your enrollment by using the attached election form, you will be eligible for the 31-day automatic extension of coverage during which you and your covered family members may convert to an individual policy. You may reenroll in any FEHB plan within 60 days of returning to work. In addition, termination is not considered a break in the continuous coverage necessary for continuing FEHB into retirement.

What is the effective date of a termination or cancellation of FEHB coverage? If you elect to terminate now, the termination will be effective retroactive to the last day of the pay period premiums were withheld from your pay. A cancellation is effective at the end of the pay period in which you use EBIS or the BEST phone system to stop your enrollment. If you elect to continue coverage for the maximum of 365 days in a nonpay status, the enrollment will terminate at the end of the pay period in which the 365th day falls.

Is there any way to continue health insurance after it terminates? Yes. Whether you elect to terminate your coverage now or it terminates automatically after 365 days in a LWOP status, you will have a 31-day automatic extension of coverage (at no cost). During the 31-day period, you may apply to convert to an individual policy. If you cancel your coverage, as discussed above, you lose both the 31-day extension and the right to convert.

How do I apply for conversion to an individual policy? You must write to your health plan carrier, within 31 days of the termination of your health insurance, and request information on converting to an individual, nongroup contract. The carrier will provide you with an application for conversion and information on benefits and costs. Additional information on the conversion process may be found in Part B on the reverse side of the Standard Form 2810 (Notice of Change in Health Benefits). BEST will provide you with the SF 2810 if you elect to terminate your coverage now, or when it terminates at the end of 365 days in a nonpay status.

I plan to continue my FEHB enrollment during LWOP. What happens if I separate from employment prior to completing 365 days LWOP? What happens if I separate after completing 365 days LWOP? If you separate prior to or on the 365th day of LWOP, your FEHB enrollment will terminate based on the separation and your servicing CPF will provide you with an SF 2810. You will have a 31-day automatic extension of coverage during which you may convert to an individual policy or apply for Temporary Continuation of Coverage (TCC). If you separate from employment, your CPF should provide you with our brochure "Benefits Summary for Separating Employees," or you may obtain it by visiting our Separating Employees Page at www.afpc.randolph.af.mil/dpc/best/sep-emp-info.htm. (Click on "Full Services" or "Limited Services," as applies to you.) While there, be sure to look at the following items: "Temporary Continuation of Health Benefits Coverage," "Termination, Extension or Conversion of Your Life Insurance Coverage," and "Withdrawing Your TSP After You Separate."

A separation from employment after the 365th day of LWOP is immaterial. Your health insurance will be terminated based on completion of 365 days LWOP, with the 31-day extension of coverage and conversion to individual policy option.

I am not currently enrolled in health insurance. May I enroll upon returning to duty from LWOP? If you were not enrolled at the time you entered on LWOP, you may enroll upon return to pay status *only* if a qualifying event occurred while you were on leave without pay.

FLEXIBLE SPENDING ACCOUNTS (FSA)

What happens to my FSA account when I am placed in a LWOP status? If you go on LWOP, contributions will not be made. There are other options, though, such as prepaying the allotment (which will increase the per pay period amount deducted).

How can I get more information about the effect of LWOP on my FSA account? SHPS, Inc., the 3rd party administrator of the program, has full responsibility for the FSA program, which includes counseling employees on the program as well as processing enrollments. You can find more information on their

website at www.fsafeds.com, or you can speak with an SHPS customer representative at 1-877-372-3337 (TTY: 1-800-952-0450). Don't wait...if you have an active FSA account and plan on entering a LWOP status soon, contact SHPS today!

FEDERAL EMPLOYEES' GROUP LIFE INSURANCE (FEGLI)

What happens to my life insurance when I enter a LWOP status? Your life insurance coverage continues, at no cost to you, for the first 12 months of nonpay status. The 12 months may be continuous or broken by periods of less than four consecutive months of pay status. Your coverage will stop at the end of the day on which you complete 12 months in a nonpay status, subject to a 31-day temporary extension of coverage and conversion privilege. Exception: if you are in a nonpay status because you are receiving workers compensation benefits, your life insurance coverage will continue, if you are otherwise eligible, and your continued coverage is not free. The Department of Labor will withhold premiums from your compensation payments.

I'm receiving benefits from the Department of Labor, Office of Workers' Compensation Programs (OWCP). Do I still have life insurance? To continue life insurance benefits as an OWCP compensation, you must have carried FEGLI for the 5 years of service immediately before the beginning date of compensation or, if you had it less than 5 years, for the full period(s) of service during which you were eligible to be insured.

How will I know if I am eligible to convert to an individual policy? When your insurance terminates because you have reached 12 months in a nonpay status, BEST will provide you with an SF 2819 (Notice of Conversion Privilege). The SF 2819 represents notice of the loss of life insurance coverage and the right to convert.

How do I apply for conversion to an individual policy? You will need to complete Part C of the SF 2819 and contact BEST to request an SF 2821 (Agency Certification of Insurance Status). Send both the SF 2819 and SF 2821 to the Office of Federal Employees' Group Life Insurance (OFEGLI) at **P.O. Box 2627, Jersey City NJ 07303-2627**. (This is a new address – do not use the address on the back of the forms.) You must mail the SF 2819 to OFEGLI within 31 days of the date FEGLI terminates or the date you receive the SF 2819, whichever is later. In the event you do not receive the SF 2821 from BEST, please call for a status; however, do not delay sending the SF 2819 to OFEGLI. Send the form anyway while you await the SF 2821.

What if I return to work after my life insurance has been terminated? Your previous coverage will be reinstated.

What happens to my life insurance if I separate from Federal employment? FEGLI coverage terminates (stops) at the end of the day on which you separate from Federal service, subject to a 31-day temporary extension of coverage and conversion privilege. Exception: If you are retiring, transferring to another federal agency, or receiving worker's compensation, you may be eligible to continue your coverage.

THRIFT SAVINGS PLAN (TSP)

Can I contribute to my regular TSP account if I am in a LWOP status? No. Employee contributions to TSP accounts must be made as deductions from civilian basic pay. Consequently, if you are in a nonpay status for one or more pay periods, you cannot contribute to your TSP account for these periods. In addition, FERS employees will not receive agency contributions.

Can I make a TSP contribution election if I am in a nonpay status? Yes. You may make a contribution election (using the BEST phone system or EBIS web application) any time during a TSP Open Season. The election will be processed, even though no contributions can be made to your account while you are in nonpay status. As soon as your pay resumes, your TSP contributions will be deducted based upon your most recent contribution election.

What if I have a TSP loan and I am placed in LWOP status? While in a nonpay status your normal loan payments will not be made via payroll deduction because you aren't earning salary. You can suspend loan payments for up to one year, with interest accruing during that time. Suspension of payments may require

reamortization of the loan on return to duty. There's good news, though. With the implementation of the new TSP record keeping system on 16 Jun 03, you can now make payments by personal check or money order while in a nonpay status. Make the check payable to the Thrift Savings Plan and send it in with the Loan Payment Coupon. The coupon can be downloaded from the TSP web site at www.tsp.gov/forms/oc02-7.pdf.

What must I do to have my TSP loan payments suspended? You must submit a copy of the SF 50 (Notification of Personnel Action) documenting your LWOP status, to the Accounts Maintenance Branch, Thrift Savings Plan Operations Office, National Finance Center, P.O. Box 61820, New Orleans LA 70161-1820. If the initial SF 50 is for less than one year, you will also need to provide any subsequent SF 50(s) which extend the period of your LWOP. Failure to provide the SF 50(s) may have adverse tax consequences. When you return to duty, you must notify TSP of same, and they'll automatically reamortize your loan. However, if you don't keep your loan payments up to date, and you are in a nonpay status more than a year, the loan will be closed out and a taxable distribution will be declared. You will be liable for income taxes on the amount reported to the IRS, and depending upon your age and employment status, you may also be liable for a 10% early withdrawal penalty. The TSP Service office will send you the appropriate tax form by Jan 31 of the following year. The taxable distribution accounts for the portion of your loan and interest you failed to repay to your TSP account.

If I return to a pay status and resume loan payments, will the loan repayment period be extended by the time in LWOP status? No. You must still repay your loan within the required time frames of 5 years for general purpose loans and 18 years for residential loans. Unless you repay your loan in full by the required deadline, TSP will close your loan by declaring a taxable distribution of the outstanding balance of the loan.

Can I receive a TSP loan while I am in a nonpay status? No. You must be in a pay status to apply for a loan.

TSP CATCH-UP CONTRIBUTIONS

May I enroll to make TSP catch-up contributions while in a LWOP status? No. One of the eligibility requirements for catch-up contributions is that you be in a pay status. Another is that you must be age 50 or older.

What happens to my TSP catch-up contributions when I enter a LWOP status? During LWOP, catch-up contributions will stop (same as regular TSP contributions). They will not automatically resume on return to duty. However, catch-up contributions aren't tied to open seasons like regular TSP contributions. So when you return to duty, you may make a new TSP catch-up election. The new election can be for any amount per pay period.

When I entered LWOP, the catch-up program was not yet implemented. Can I enroll on return to duty? Good question. We expect the systems will be ready to accept enrollments in September 2003, although that date is not yet firm. If the program has been implemented by the time you return to duty, then yes, you may enroll and begin making catch-up contributions, if you meet the eligibility requirements. We recommend you access the BEST Homepage often for updates on the status of the TSP catch-up program.

Please annotate your elections on the attached form and return it to BEST at the address at the bottom of the form.

Receipt acknowledgement: _____
Employee Signature Date

**AIR FORCE PERSONNEL CENTER
BENEFITS AND ENTITLEMENTS SERVICE TEAM (BEST)**

**HQ AFPC/DPCMB
550 C Street West Ste 57
Randolph AFB TX 78150-4759**

**U.S. TOLL-FREE NUMBER: 1-800-997-2378 LOCAL: (Commercial) 527-2378
U.S. TOLL-FREE TDD NUMBER: 1-800-382-0893 LOCAL: (Commercial) 565-2276
AFTER SEPARATION: 1-800-540-4047 LOCAL: (Commercial) 527-2399**

**OVERSEAS: Dial an MCI or AT&T Toll-Free Direct Access Number (obtain from CPF)
OVERSEAS TDD: Dial an MCI or AT&T Direct Access TDD Number (obtain from CPF)**

BEST Fax Number: DSN 665-2936 or Commercial 210-565-2936

**BEST Web Site: <http://www.afpc.randolph.af.mil/dpc/BEST/menu.htm>
AFPC Web Site: <http://www.afpc.randolph.af.mil/dpc>**

**Thrift Savings Plan Operations Office
Accounts Maintenance Branch
P.O. Box 61820
New Orleans LA 70161-1820**

Return Both Pages of This Acknowledgement Form

FEHB OPTIONS WHILE IN NONPAY STATUS ELECTION FORM

Employee Name _____ SSN _____ Date _____
(Print Legibly)

Each pay period you are enrolled in the FEHB program, you are responsible for payment of the employee share of the premium. When you enter nonpay status, or your pay is insufficient to cover the premium, you must:

- Terminate the enrollment; *or*
- Continue the enrollment and agree to pay the premium on a current basis or incur a debt.

TERMINATING THE ENROLLMENT: If you elect to terminate your enrollment, the termination will take effect at the end of the last pay period in which premiums were withheld from pay. FEHB coverage will continue at no cost to you for an additional 31 days. During the 31 days, you and your covered family members may convert to an individual contract with your insurance carrier. The termination is not considered a break in the continuous coverage necessary for continuing FEHB coverage into retirement. However, the period during which the termination is in effect does not count toward satisfying the required 5 years of continuous coverage. When you return to pay and duty status, or at the end of the first pay period your pay becomes sufficient to cover your premium, you must reenroll within 60 days if you want FEHB coverage.

CONTINUING THE ENROLLMENT AND AGREEING TO PAY THE PREMIUM: If you elect to continue your coverage, you must elect to pay the premiums directly to Defense Finance and Accounting Service (DFAS) on a current basis or to incur a debt for the amount of the unpaid premiums. If you elect to pay the premiums directly to DFAS, these payments will be made with "after-tax" monies even if you were participating in premium conversion while in a pay status since health premium deductions can only be treated as pre-tax payments if they are deducted from pay. If you elect to pay directly, contact your local payroll customer service representative to obtain the DFAS address where the check or money order should be sent, and who to make the check payable to. Include on the check your name, social security number, a note that the payment is for "FEHB premium" and the pay period for which the payment is being made.

If you elect to incur a debt, the repayment of the debt will be deducted from your pay after you return to duty, and if you are participating in premium conversion at the time the deduction is made, it will be treated as a pre-tax payment. You can change your premium conversion participation when you return to a pay status. It does not matter whether you participated in premium conversion at the time the debt was incurred. If you are participating when the debt repayment deductions are made from your pay, they will be afforded pre-tax treatment.

If you elect to incur a debt, or if you elect to pay directly but fail to pay the entire amount due, you will receive a notice stating the total amount due. The notice will be sent when you return to pay status, your pay becomes sufficient, or you separate from employment with the Federal government. By electing to continue coverage, you agree the amount due will be withheld from salary by deducting the regular premium and an additional premium per pay period until the debt is paid. If the amount due cannot be withheld in full from salary, it will be recovered from a lump sum payment of accrued leave, income tax refunds, amounts payable under the Civil Service Retirement System (CSRS) or Federal Employees Retirement System (FERS), or any other source normally available for the recovery of a debt due the United States government.

Upon the completion of 365 days of continued coverage during LWOP, your coverage will terminate with a 31-day extension of coverage, at no cost, and the option to convert to an individual, nongroup contract.

Please check the appropriate space(s) below, sign, and mail both pages of this notice to HQ AFPC/DPCMB, 550 C Street West Ste 57, Randolph AFB TX 78150-4759, or fax them to DSN 665-2936 or (210) 565-2936.

After reading and understanding the above, I elect to:

- Continue the enrollment

(Check one):

Submit direct payments to DFAS on a current basis

Incur a debt

Signature _____ Date _____

- Terminate the enrollment

Effective Date of LWOP _____
(Date)

Signature _____ Date _____

Request for Leave or Approved Absence

1. Name (Last, first, middle)	2. Employee or Social Security Number
-------------------------------	---------------------------------------

3. Organization

4. Type of Leave/Absence					5. Family and Medical Leave
Check appropriate box(es) and enter date and time below)	Date		Time		Total Hours
	From	To	From	To	
<input type="checkbox"/> Accrued annual leave					
<input type="checkbox"/> Restored annual leave					
<input type="checkbox"/> Advance annual leave					
<input type="checkbox"/> Accrued sick leave					
<input type="checkbox"/> Advance sick leave					
Purpose: <input type="checkbox"/> Illness/injury/incapacitation of requesting employee <input type="checkbox"/> Medical/dental/optical examination of requesting employee <input type="checkbox"/> Care of family member, including medical/dental/optical examination of family member, or bereavement <input type="checkbox"/> Care of family member with a serious health condition <input type="checkbox"/> Other					
<input type="checkbox"/> Compensatory time off					
<input type="checkbox"/> Other paid absence (specify in remarks)					
<input type="checkbox"/> Leave without pay					

If annual leave, sick leave, or leave without pay will be used under the Family and Medical Leave Act of 1993 (FMLA), please provide the following information:

I hereby invoke my entitlement to family and medical leave for:

Birth/Adoption/Foster care

Serious health condition of spouse, son, daughter, or parent

Serious health condition of self

Contact your supervisor and/or your personnel office to obtain additional information about your entitlements and responsibilities under the FMLA. Medical certification of a serious health condition may be required by your agency.

6. Remarks

7. **Certification:** I certify that the leave/absence requested above is for the purpose(s) indicated. I understand that I must comply with my employing agency's procedures for requesting leave/approved absence (and provide additional documentation, including medical certification, if required) and that falsification of information on this form may be grounds for disciplinary action, including removal.

7a. Employee signature	7b. Date signed
------------------------	-----------------

8a. Official action on request Approved Disapproved *(If disapproved, give reason. If annual leave, initiate action to reschedule.)*

8b. Reason for disapproval

8c. Signature	8d. Date signed
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Privacy Act Statement

Section 6311 of title 5, United States 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 for employment or security reasons; to the Office of Personnel Management or the General Accounting Office when the information is required for evaluation of leave administration; or the General Services Administration in connection with its responsibilities for records management.

Public Law 104-134 (April 26, 1996) requires that any person doing business with the Federal Government furnish a social security number or tax identification number. This is an amendment to title 31, Section 7701. Furnishing the social security number, as well as other data, is voluntary, but failure to do so may delay or prevent action on the application. 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.

Certification of Health Care Provider
(Family and Medical Leave Act of 1993)

U.S. Department of Labor
Employment Standards Administration
Wage and Hour Division



(When completed, this form goes to the employee, **Not to the Department of Labor.**)

OMB No.: 1215-0181
Expires: 07/31/04

1. Employee's Name

2. Patient's Name (If different from employee)

3. Page 4 describes what is meant by a "serious health condition" under the Family and Medical Leave Act. Does the patient's condition¹ qualify under any of the categories described? If so, please check the applicable category.

(1) _____ (2) _____ (3) _____ (4) _____ (5) _____ (6) _____, or None of the above _____

4. Describe the **medical facts** which support your certification, including a brief statement as to how the medical facts meet the criteria of one of these categories:

5. a. State the approximate **date** the condition commenced, and the probable duration of the condition (and also the probable duration of the patient's present **incapacity**² if different):

b. Will it be necessary for the employee to take work only **intermittently** or to **work on a less than full schedule** as a result of the condition (including for treatment described in Item 6 below)?

If yes, give the probable duration:

c. If the condition is a **chronic condition** (condition #4) or **pregnancy**, state whether the patient is presently incapacitated² and the likely duration and frequency of **episodes of incapacity**²:

¹ Here and elsewhere on this form, the information sought relates **only** to the condition for which the employee is taking FMLA leave.

² "Incapacity," for purposes of FMLA, is defined to mean inability to work, attend school or perform other regular daily activities due to the serious health condition, treatment therefor, or recovery therefrom.

6. a. If additional **treatments** will be required for the condition, provide an estimate of the probable number of such treatments.

If the patient will be absent from work or other daily activities because of **treatment** on an **intermittent** or **part-time** basis, also provide an estimate of the probable number of and interval between such treatments, actual or estimated dates of treatment if known, and period required for recovery if any:

b. If any of these treatments will be provided by **another provider of health services** (e.g., physical therapist), please state the nature of the treatments:

c. If a **regimen of continuing treatment** by the patient is required under your supervision, provide a general description of such regimen (e.g., prescription drugs, physical therapy requiring special equipment):

7. a. If medical leave is required for the employee's **absence from work** because of the **employee's own condition** (including absences due to pregnancy or a chronic condition), is the employee **unable to perform work** of any kind?

b. If able to perform some work, is the employee **unable to perform any one or more of the essential functions of the employee's job** (the employee or the employer should supply you with information about the essential job functions)?
If yes, please list the essential functions the employee is unable to perform:

c. If neither a. nor b. applies, is it necessary for the employee to be **absent from work for treatment**?

8. a. If leave is required to **care for a family member** of the employee with a serious health condition, **does the patient require assistance** for basic medical or personal needs or safety, or for transportation?

b. If no, would the employee's presence to provide **psychological comfort** be beneficial to the patient or assist in the patient's recovery?

c. If the patient will need care only **intermittently** or on a part-time basis, please indicate the probable **duration** of this need:

Signature of Health Care Provider

Type of Practice

Address

Telephone Number

Date

To be completed by the employee needing family leave to care for a family member:

State the care you will provide and an estimate of the period during which care will be provided, including a schedule if leave is to be taken intermittently or if it will be necessary for you to work less than a full schedule:

Employee Signature

Date

A “**Serious Health Condition**” means an illness, injury impairment, or physical or mental condition that involves one of the following:

1. Hospital Care

Inpatient care (i.e., an overnight stay) in a hospital, hospice, or residential medical care facility, including any period of incapacity² or subsequent treatment in connection with or consequent to such inpatient care.

2. Absence Plus Treatment

(a) A period of incapacity² of **more than three consecutive calendar days** (including any subsequent treatment or period of incapacity² relating to the same condition), that also involves:

- (1) **Treatment**³ **two or more times** by a health care provider, by a nurse or physician’s assistant under direct supervision of a health care provider, or by a provider of health care services (e.g., physical therapist) under orders of, or on referral by, a health care provider; or
- (2) **Treatment** by a health care provider on **at least one occasion** which results in a **regimen of continuing treatment**⁴ under the supervision of the health care provider.

3. Pregnancy

Any period of incapacity due to **pregnancy**, or for **prenatal care**.

4. Chronic Conditions Requiring Treatments

A **chronic condition** which:

- (1) Requires **periodic visits** for treatment by a health care provider, or by a nurse or physician’s assistant under direct supervision of a health care provider;
- (2) Continues over an **extended period of time** (including recurring episodes of a single underlying condition); and
- (3) May cause **episodic** rather than a continuing period of incapacity² (e.g., asthma, diabetes, epilepsy, etc.).

5. Permanent/Long-term Conditions Requiring Supervision

A period of **Incapacity**² which is **permanent or long-term** due to a condition for which treatment may not be effective. The employee or family member must be **under the continuing supervision of, but need not be receiving active treatment by, a health care provider**. Examples include Alzheimer’s, a severe stroke, or the terminal stages of a disease.

6. Multiple Treatments (Non-Chronic Conditions)

Any period of absence to receive **multiple treatments** (including any period of recovery therefrom) by a health care provider or by a provider of health care services under orders of, or on referral by, a health care provider, either for **restorative surgery** after an accident or other injury, or for a condition that **would likely result in a period of Incapacity² of more than three consecutive calendar days in the absence of medical intervention or treatment**, such as cancer (chemotherapy, radiation, etc.), severe arthritis (physical therapy), and kidney disease (dialysis).

This optional form may be used by employees to satisfy a mandatory requirement to furnish a medical certification (when requested) from a health care provider, including second or third opinions and recertification (29 CFR 825.306).

Note: Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number.

³ Treatment includes examinations to determine if a serious health condition exists and evaluations of the condition. Treatment does not include routine physical examinations, eye examinations, or dental examinations.

⁴ A regimen of continuing treatment includes, for example, a course of prescription medication (e.g., an antibiotic) or therapy requiring special equipment to resolve or alleviate the health condition. A regimen of treatment does not include the taking of over-the-counter medications such as aspirin, antihistamines, or salves; or bed-rest, drinking fluids, exercise, and other similar activities that can be initiated without a visit to a health care provider.

Public Burden Statement

We estimate that it will take an average of 10 minutes to complete this collection of information, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, Department of Labor, Room S-3502, 200 Constitution Avenue, N.W., Washington, D.C. 20210.

DO NOT SEND THE COMPLETED FORM TO THIS OFFICE; IT GOES TO THE EMPLOYEE.

FEDERAL EMPLOYEES LEAVE SHARING AMENDMENTS ACT OF 1993
(PL 103-103)

VOLUNTARY LEAVE TRANSFER PROGRAM
GUIDELINES AND PROCEDURES

The Federal Employee Leave Sharing Amendments Act of 1993 permits federal employees to donate annual leave to coworkers suffering hardship situations which are expected to cause at least 24 hours of unpaid absence.

CRITERIA:

1. Only an employee experiencing a "medical emergency" (including a medical condition of a family member) is eligible to become a leave recipient. A "medical emergency" means a medical condition that requires an absence from duty for a period of time, for reasons beyond the employee's control, and causes serious economic consequences because of the unavailability of paid leave. Supporting medical documentation must accompany each application.

This program is not intended to be used for situations when an employee does not have sufficient leave to cover routine illnesses such as colds/flu, having elective cosmetic surgery, or wishing to take additional leave to care for a newborn or adopted child, unless extenuating "medical" circumstances exist.

OPTIONAL FORM 630, LEAVE RECIPIENT APPLICATION:

2. Leave Recipient (Employee Desiring Leave Donations):

a. Employees must complete an Optional Form 630, Leave Recipient Application, under the Voluntary Leave Transfer Program, attach medical documentation, and forward to the leave approving official (usually the first level supervisor). The medical documentation should contain the diagnosis, treatment, prognosis, date the medical emergency began, and the date the medical emergency is expected to end. If the medical emergency is a recurring one, the medical documentation must also include the approximate frequency of the medical emergency involved.

b. All accrued annual and sick leave must be used before using donated leave if the emergency is the employee's own. Advanced leave does not have to be used. If the emergency is a family member's, only accrued annual leave must be used before using donated leave.

3. First Level Supervisor:

a. The first level supervisor will sign and date the OF 630 as approval or disapproval of the absence from the work place and the emergency described by the employee. Approval requires the supervisor to verify the applicant's leave balances, validate the continuing nature of the hardship, and properly annotate the time card.

b. When recommending disapproval, supervisory reasons must be documented. The application and supporting documentation will be forwarded to the designated approving official.

4. Approving Official:

The designated approving officials are commanders, directors, and chiefs of staff offices. This authority may not be delegated lower than division level. The approving official or

designee will approve/disapprove and date the request. If the request is approved, forward the package to DPCE. If the package is disapproved, the organization will notify the employee in writing within 10 workdays of the determination and the reasons for the disapproval.

APPROVED REQUESTS:

5. The approved Optional Form 630 and supporting medical documentation are forwarded to DPCE to review for regulatory compliance.

6. The first level supervisor is responsible for advertising the need for donated leave or obtaining requests from family members and friends working in other organizations on base at the time the application is approved.

7. The employing agency of the leave recipient is required to accept the transfer of annual leave from a donor employed in another agency when:

a. The leave donor is a family member of the leave recipient.

b. The leave recipient's employing agency determines that the amount of annual leave donated within the agency may not be sufficient to meet the needs of the leave recipient.

c. In the judgment of the leave recipient's employing agency, acceptance of the leave transferred from another agency would further the purpose of the program.

8. Transferred annual leave received by an approved leave recipient may be accumulated without regard to the limitation imposed by 5 U.S.C. 6304(a) (normally 30 days or 240 hours). The amount of leave the approved recipient may receive in a year is limited only by donations other employees are willing to give. Medical documentation must support the continuing absence.

9. Any annual or sick leave accrued by an employee shall be transferred to the appropriate leave account of the employee and shall become available for use:

a. At the beginning of the first applicable pay period on or after the date on which the employee's medical emergency terminates.

b. If the employee's medical emergency has not yet terminated, once the employee has exhausted all leave made available to such employee.

10. The amount of annual and sick leave a recipient may accrue while using transferred leave is limited to 40 hours of annual and 40 hours of sick leave. This leave is to be placed in a separate account for use after the medical emergency terminates. The only exception to the accrual limitation while using transferred leave is to reduce indebtedness caused by the use of advanced annual leave.

11. If a leave recipient is able to work some of the time, the annual and sick leave earned while the employee is working will be placed in the regular annual and sick leave accounts. Because the purpose of the program is to allow employees who have exhausted all their appropriate earned leave to use donated leave, the recipient must use up any leave earned while working on a temporary or part-time basis before using additional transferred leave.

LEAVE DONATIONS:

12. Optional Form 630-A should be completed by employees wishing to donate annual leave to an approved leave recipient within the agency. For those donating outside the agency, an Optional Form 630-B must be used. All forms will be returned if not 100% complete.

- a. The original OF 630-A must be forwarded to DPCE for processing.
- b. The recipient's supervisor is responsible for tracking the amount of annual leave donated, ensuring the recipient does not exceed the donated leave amount, and annotating the time card.
- c. An immediate supervisor is PROHIBITED from receiving donated leave from a subordinate employee.
- d. An individual may not, either directly or indirectly, intimidate, threaten, or coerce any other individual for the purpose of interfering with any right an employee may have to donate, not to donate, receive, or use annual leave.
- e. The maximum donation of leave is no more than a total of one-half of the amount of annual leave an employee would be entitled to accrue during the leave year in which the donation is made (i.e., an employee who earns 208 hours of annual leave may donate a maximum of 104 hours.)
- f. A donor who is projected to have annual leave that otherwise would be subject to forfeiture at the end of the leave year may donate no more than one-half the number of hours remaining in the leave year (as of the date of the transfer) for which the donor is scheduled to work and receive pay (i.e., a donor has 80 hours of use/lose as of 10 December and is scheduled to be on leave for only 60 of those hours before the end of the leave year—only the remaining 20 hours may be donated.)

TRANSFERRED ANNUAL LEAVE:

13. Transferred annual leave may **NOT** be:

- a. transferred to another leave recipient.
- b. transferred to another employing activity upon the recipient's transfer of employment.
- c. included in a lump sum payment.
- d. made available for re-credit upon reemployment in the same or another federal agency.

EXTENSIONS OF TERMINATION DATE:

14. If the medical emergency continues past the expected termination date on the OF 630, employees must submit a request for extension to their immediate supervisor. The request must be accompanied by additional supporting medical documentation and include a new expected termination date. If approved, the supervisor must forward these requests to DPCE as soon as possible, but no later than 3 days after the initial expected termination date.

TERMINATION OF MEDICAL EMERGENCY:

15. The entitlement to receive transferred leave shall terminate:

- a. when the recipient's employment is terminated by the same agency which approved the application.

b. at the end of the biweekly pay period in which the recipient's approving official or designee determines the recipient is no longer affected by the medical emergency.

c. at the end of the biweekly pay period in which the recipient's employing activity receives notice from the Office of Personnel Management (OPM) indicating an approved application of disability retirement.

16. When it is determined that the medical emergency has terminated, no further donations will be accepted; no further transfers of annual leave will occur; and the supervisor will immediately notify, in writing (GroupWise will be accepted), DPCE and DAO-DE HILL/FV. The written notice must contain the following information:

a. Name and organization of leave recipient.

b. Approval date of leave recipient's application.

c. Initial date received donated annual leave.

d. The date the medical emergency ended.

e. Total number of transferred leave hours used.

f. Date the recipient returned to work or separated from employment.

g. A statement of the unused transferred annual leave will not be used to compute the lump sum leave payment upon separation.

RESTORATION OF LEAVE:

17. Restoration of annual leave donations will be computed by the civilian payroll office.

a. Leave donors may elect to have unused donated leave restored during the current leave year or at the beginning of the following leave year.

b. Leave donors may elect to donate restored leave in whole or part to another leave recipient.

c. If the total number of eligible leave donors exceeds the total number of hours of annual leave to be restored, no unused transferred annual leave shall be restored.

d. The amount of restored unused transferred annual leave to the leave donor cannot exceed the amount donated by the donor.

e. The donor's supervisor must manually track the restoration of unused transferred leave to prevent forfeiture at the end of the leave year.

QUESTIONS:

18. Please refer any questions to Sherryl Brown, DPCE, 777-7129 or the Entitlements Office at 777-6142.

Application to Become a Leave Recipient Under the Voluntary Leave Transfer Program

1. Applicant's name (Last, first, middle)		2. Social Security Number	3. Employee Number
4a. Position title	4b. Pay plan	4c. Grade/pay level	
5. Name of organization (Agency, Department, Office, Division, Branch, etc.)		6. Office telephone number	
7. Nature and severity of the medical emergency			
8. Individual affected by medical emergency (check one) <input type="checkbox"/> Employee <input type="checkbox"/> Employee's family member	9. Date medical emergency began	10. Date medical emergency ended (or is expected to end)	
11. Name of physician who will verify the medical emergency. (Attach documentation from the physician (or other appropriate expert) showing the diagnosis, prognosis and duration of illness.)			
12. What is the applicant's annual and sick leave balances as of end of last pay period? Annual leave balance → <input style="width: 50px;" type="text"/> Sick leave balance → <input style="width: 50px;" type="text"/>		13. How many hours of leave without pay have been used for this medical emergency? Hours → <input style="width: 50px;" type="text"/>	
14. Provide a description of the medical emergency to be distributed to servicing personnel offices so that other employees may donate annual leave to the applicant. <input type="checkbox"/> Check box if applicant does not want a description distributed. <input type="checkbox"/> Check box if applicant does not wish to have name used with the description or disclosed to anyone except the supervisor, the supervisory channel and the deciding official, and individuals who maintain the program.		Description of medical emergency	
15a. Name of individual completing application (if applying on behalf of the applicant)	15b. Relationship to applicant	15c. Telephone number (area code)	
16a. I certify that the above statements are true. (Signature of applicant or individual applying on behalf of applicant)		16b. Date signed	
Privacy Act Statement Participation in this program is voluntary; however, solicitation of this information is authorized under 5 U.S.C. 6332. The information furnished will be used to identify records properly associated with the transfer of annual leave. It may also be disclosed to a national, State, or local law enforcement agency where there is an indication of a violation or potential violation of civil or criminal law, rule, or regulation; or to another agency or court when the Government is party to a suit. Public Law 104-134 (April 26, 1996) requires that any person doing business with the Federal Government furnish a social security number or tax identification number. This is an amendment to title 31, Section 7701. Furnishing the social security number, as well as other data, is voluntary, but failure to do so may delay or prevent action on the application. 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.			
17. First level supervisor's recommendation <input type="checkbox"/> Approve <input type="checkbox"/> Disapprove Signature _____ Date signed _____		18. Deciding official's decision <input type="checkbox"/> Approve <input type="checkbox"/> Disapprove Signature _____ Date signed _____	

Request to Donate Annual Leave to Leave Recipient Under the Voluntary Leave Transfer Program

*Within
Agency*

I request that annual leave be transferred to the leave account of an approved leave recipient. This recipient is not my immediate supervisor. As of the date indicated below, I have enough annual leave in my account to cover this amount. I understand that if I am projected to forfeit annual leave during this leave year, the amount of leave I am transferring may not exceed the number of hours remaining in the leave year for which I am scheduled to work. The amount of annual leave I am transferring also is not more than half the hours I will earn this year.

I understand that my decision to transfer leave is not revocable. If a sufficient balance of unused leave remains after the recipient's medical emergency has terminated, I can elect to have a pro-rated share returned to me during either the current leave year or the following leave year, or I can elect to donate my pro-rated share to another leave recipient. However, to do so, I must remain employed by a Federal agency and be subject to chapter 63 of title 5, United States Code.

I have not been directly or indirectly intimidated, threatened or coerced, or promised any benefit by any employee for the purpose of donating or using leave.

To Be Completed By Leave Donor

1. Name (Last, first, middle)		2. Social Security Number	3. Employee Number
4a. Position title		4b. Pay plan	4c. Grade/pay level
5a. Name of organization (Agency, Department, Office, Division, Branch, etc.)			5b. Office telephone number
6. Amount of annual leave accrued as of end of last pay period	7. Amount of leave projected to forfeit this leave year as of end of last pay period	8. Amount of annual leave to be transferred	
9. Individual's name or identification number to whom leave is being donated			
10a. Signature			10b. Date signed

Privacy Act Statement

Participation in this program is voluntary; however, solicitation of this information is authorized under 5 U.S.C 6332. The information furnished will be used to identify records properly associated with the transfer of annual leave. It may also be disclosed to a national, State, or local law enforcement agency where there is an indication of a violation or potential violation of civil or criminal law, rule, or regulation; or to another agency or court when the Government is party to a suit. Public Law 104-134 (April 26, 1996) requires that any person doing business with the Federal Government furnish a social security number or tax identification number. This is an amendment to title 31, Section 7701. Furnishing the social security number, as well as other data, is voluntary, but failure to do so may delay or prevent action on the application. 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.

Request for Leave or Approved Absence

1. Name (Last, first, middle)	2. Employee or Social Security Number
-------------------------------	---------------------------------------

3. Organization

4. Type of Leave/Absence						5. Family and Medical Leave
Check appropriate box(es) and enter date and time below)	Date		Time		Total Hours	If annual leave, sick leave, or leave without pay will be used under the Family and Medical Leave Act of 1993 (FMLA), please provide the following information:
	From	To	From	To		
<input type="checkbox"/> Accrued annual leave						<input type="checkbox"/> I hereby invoke my entitlement to family and medical leave for: <input type="checkbox"/> Birth/Adoption/Foster care <input type="checkbox"/> Serious health condition of spouse, son, daughter, or parent <input type="checkbox"/> Serious health condition of self
<input type="checkbox"/> Restored annual leave						
<input type="checkbox"/> Advance annual leave						
<input type="checkbox"/> Accrued sick leave						
<input type="checkbox"/> Advance sick leave						
Purpose: <input type="checkbox"/> Illness/injury/incapacitation of requesting employee <input type="checkbox"/> Medical/dental/optical examination of requesting employee <input type="checkbox"/> Care of family member, including medical/dental/optical examination of family member, or bereavement <input type="checkbox"/> Care of family member with a serious health condition <input type="checkbox"/> Other						
<input type="checkbox"/> Compensatory time off						Contact your supervisor and/or your personnel office to obtain additional information about your entitlements and responsibilities under the FMLA. Medical certification of a serious health condition may be required by your agency.
<input type="checkbox"/> Other paid absence (specify in remarks)						
<input type="checkbox"/> Leave without pay						

6. Remarks

7. Certification: I certify that the leave/absence requested above is for the purpose(s) indicated. I understand that I must comply with my employing agency's procedures for requesting leave/approved absence (and provide additional documentation, including medical certification, if required) and that falsification of information on this form may be grounds for disciplinary action, including removal.

7a. Employee signature	7b. Date signed
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8a. Official action on request Approved Disapproved *(If disapproved, give reason. If annual leave, initiate action to reschedule.)*

8b. Reason for disapproval

8c. Signature	8d. Date signed
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Privacy Act Statement
 Section 6311 of title 5, United States 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 for employment or security reasons; to the Office of Personnel Management or the General Accounting Office when the information is required for evaluation of leave administration; or the General Services Administration in connection with its responsibilities for records management.

Public Law 104-134 (April 26, 1996) requires that any person doing business with the Federal Government furnish a social security number or tax identification number. This is an amendment to title 31, Section 7701. Furnishing the social security number, as well as other data, is voluntary, but failure to do so may delay or prevent action on the application. 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.

GUIDANCE SHEET
FOR
ADVANCED SICK LEAVE REQUESTS

Advanced sick leave is a privilege that may be extended to an employee where serious illness or injury exists. It is not considered a routine or standard procedure and will be granted only after all circumstances have been carefully weighed. By law, the maximum amount that may be advanced is 240 hours. - for self.
- Only 40 hrs for care of family member with serious illness
Criteria for Approval: or bereavement.

1. The illness or incapacitation must be serious, but not permanent or disabling. Advanced sick leave for maternity reasons may be approved only for actual hospitalization and reasonable recovery, or when there are serious complications associated with the pregnancy. Requests for advanced sick leave must be denied if medical evidence indicates the employee may not be able to return to duty to repay the leave advanced, or if the employee is unable or unlikely to return to his or her current position.

2. When it is known that the employee will retire, or otherwise be separated, the total amount advanced may not exceed an amount which can be liquidated by accrual before separation.

3. When there are insufficient funds in the retirement account to liquidate the indebtedness, grant only the amount of leave that can be recovered. Limited and reasonable exceptions may have to be made in the case of employees under the FERS retirement system because such a small amount is withheld for the FERS account.

4. The sick leave record must not reflect evidence of sick leave abuse. The supervisor should consider the employee's prior sick leave history; length of continuous employment; and annual leave versus sick leave balance history. Consideration may also be given to requiring the employee to use any annual leave which may be subject to forfeiture ("use-or-lose").

Processing Procedures:

The request package must include:

1. A written request from the employee to the immediate supervisor (see sample), which includes the reasons for past sick leave usage, and why there is insufficient sick leave to cover the absence; and a statement of intent to return to duty long enough to repay the advanced leave, or to refund the amount owing if unforeseen circumstances result in separation before the advancement is repaid.

2. Medical documentation which includes, as a minimum:

- a. The history of the medical condition
- b. A diagnosis, including current clinical status
- c. Recommended procedure, including plans for future treatment
- d. Estimated duration of incapacitation, include anticipated date of full or partial recovery
- e. Prognosis for full or partial recovery, including an explanation of the impact of the condition on the ability to perform the duties of the current position.

*NOTE: The medical documentation may be attached to the employee's written request, or sent directly to Occupational Medicine, SGPO Hill AFB, UT 84056.

3. An SF-71, Request for Leave or Approved Absence, with the dates involved and the total number of hours requested.

The supervisor must assess the employee's written request, evaluate the circumstances and leave usage leading up to the request, and make an initial recommendation for approval or disapproval. The supervisor's recommendation, the employee's written request, SF-71, and medical documentation (if not sent directly to the Dispensary) should be forwarded in a sealed envelope to FMFSC, SGPO, and DPCE, In Turn.

The Civilian Payroll Office will provide leave and retirement withholding information. The Civilian Dispensary will evaluate the medical documentation and make a recommendation. The Civilian Personnel Office will review the request package for regulatory compliance and return the request to the originating supervisor for submission to the organizational division level.

The division chief, or higher, will make the final determination for approval or denial of the request, and provide a written decision to the employee with a copy to DPCE. If approved, written notification must be sent to Civilian Pay, FMFSC, with a statement as to whether the leave is to be used on a continuous or intermittent basis.

ADVANCED SICK LEAVE REQUEST

SAMPLES

(Sample of Employee Request)

MEMORANDUM FOR (office symbol of employee's supervisor)
ATTENTION: (name of employee's supervisor)

FROM: (employee's name and office symbol)

SUBJECT: Request for Advanced Sick Leave

1. I am requesting advanced sick leave in the amount of (#) hours, to be used between (beginning date) and (ending date). I do not have enough leave to cover the absence because (give the reasons).
2. I do intend to return to duty and repay the amount of leave advanced. I understand that until the leave is repaid I will not be accruing any sick leave for use in the event of continuing or new illness or injury. If unforeseen circumstances prevent me from returning to duty, I understand that the amount I owe may be deducted from any monies that are due me, including from a lump sum annual leave payment, or my retirement fund.
3. I have attached medical documentation from my doctor, and an SF-71. If you need more information please let me know.

(employee's name and signature)

(Sample of Supervisor's Initial Recommendation Letter)

MEMORANDUM FOR: FMFSC
SGPO
DPCE
IN TURN

FROM: (supervisor's office symbol)

SUBJECT: Request for Advanced Sick Leave – (employee's name)

Attached is a request for advanced sick leave regarding subject employee. Based on past leave usage and information contained in the employee's record, my initial recommendation is to (approve or disapprove) this request. If you need further information, please contact me at (phone #).

(supervisor's name, title, and signature)

References: AFR 40-630, Chapters 1 & 3; and the Master Labor Agreement, Article 24

POC: Joan Kendall, 7-6438



LIMITED SERVICES BENEFITS SUMMARY FOR CIVILIAN EMPLOYEES ON LEAVE WITHOUT PAY (LWOP)

Employees can request and supervisors approve LWOP for a variety of different reasons. The information below explains the impact LWOP has on your benefits. This benefits summary is not intended for employees who go on LWOP for military service.

FEDERAL EMPLOYEES' HEALTH BENEFITS (FEHB): During a period of LWOP, you may elect, in writing, to continue or terminate your FEHB coverage. If you choose to continue your coverage, you may do so for a period of up to 365 days by agreeing to pay your full share of the premium each pay period or when you return to work. Upon completion of 365 days of LWOP, your coverage will terminate with a 31-day extension of coverage and the option to convert to a non-group contract. If you choose to terminate your enrollment and avoid paying the premium, your coverage continues for 31 days under the temporary extension of coverage. If you do not submit a written election to terminate your FEHB enrollment, your enrollment will automatically continue, and you will be responsible for the premiums. If you terminate your FEHB coverage, you and any covered family members may convert to a nongroup contract and you may re-enroll in any FEHB plan upon returning to a pay and duty status without waiting for an open season. If you terminate your coverage under the LWOP provisions, it is not considered a break in the continuous coverage necessary for continuing your health insurance into retirement. However, the termination period will not count towards satisfying the requirement of having 5 years of continuous coverage immediately preceding retirement.

FEDERAL EMPLOYEES' GROUP LIFE INSURANCE (FEGLI): Life insurance continues without cost to you for up to one year while in a nonpay status. After one year of LWOP, your life insurance will be terminated. However, you will be given 31 days extension of coverage, in which you may convert to a nongroup policy or port (continue) your Option B coverage, if you are eligible.

THRIFT SAVINGS PLAN (TSP): No money will be contributed to your TSP account while you are in a LWOP status nor will the agency contribute matching funds. You cannot make a deposit for missed contributions while on LWOP. If you have a TSP loan, you should send a copy of your LWOP Personnel Action (LWOP SF-50) to the Accounts Maintenance Branch, Thrift Savings Plan Operations Office, National Finance Center, P.O. Box 61820, New Orleans, LA 70161-1820. When you return to pay status, you should contact your payroll liaison to ensure your loan payments resume immediately. If you fail to send a copy of your LWOP SF-50 to the TSP address above, or to restart your loan payments upon your return to duty, it will effect your loan. If you miss payments for 90 days or less, your loan payment schedule will be extended. If you miss payments for more than 90 days but less than 1 year, your loan must be re-amortized. If you fail to have your loan re-amortized or repay the loan, you will have a taxable distribution. If you do not return to pay status within 1 year of the start of your nonpay status, you will have to repay the loan balance and any accrued interest or you will have a taxable distribution. This means the amount of the unpaid principal and interest must be reported to the Internal Revenue Service (IRS) as taxable income (that is, a taxable loan distribution) in the year the distribution is declared. You will be liable for income taxes on the amount reported to IRS, and depending upon your age and employment status, you may also be liable for a 10-percent early withdrawal penalty. The TSP Service Office will send you the appropriate tax form by Jan 31 of the following year. The taxable distribution accounts for the portion of your loan and interest which you failed to repay to your TSP account.

OPEN SEASONS: You may make open season changes while on a LWOP status; however, changes will not be effective until you return to a pay and duty status.

AIR FORCE PERSONNEL CENTER
BENEFITS AND ENTITLEMENTS SERVICE TEAM (BEST)
U.S. TOLL-FREE NUMBER: 1-800-997-2378 LOCAL: 527-2378
U.S. TOLL-FREE TDD NUMBER: 1-800-382-0893 LOCAL: 565-2276
Overseas: Dial an AT&T or MCI Direct Access Number, then dial BEST Toll Free Number
Fax Number: DSN 665-2936 Commercial 210-565-2936
WWW SITE : <http://www.afpc.randolph.af.mil/dpc>
HQ AFPC/DPCMB
550 C STREET W STE 57
RANDOLPH AFB TX 78150-4759

PALACE
COMPASS
CHARTING A NEW COURSE

FEDERAL EMPLOYEE HEALTH BENEFITS (FEHB) OPTIONS WHILE IN NONPAY STATUS

Name of Employee: _____ SSN: _____ Date: _____
(Print Legibly)

Each pay period you are enrolled in the FEHB Program, you are responsible for payment of the employee share of the premium. When you enter nonpay status, or your pay is insufficient to cover the premium, you must:

- * Terminate the enrollment; or
- * Continue the enrollment and agree to pay the premium or incur a debt.

TERMINATING THE ENROLLMENT

If you elect to terminate your enrollment, the termination will take effect at the end of the last pay period in which premiums were withheld from pay. FEHB coverage will continue at no cost to you for an additional 31 days. During the 31 days, you and your covered family members may convert to a non-group contract. The termination is not considered a break in the continuous coverage necessary for continuing FEHB coverage into retirement. However, the period during which the termination is in effect does not count toward satisfying the required 5 years of continuous coverage. When you return to pay and duty status, or at the end of the first pay period your pay becomes sufficient to cover your premium, you must re-enroll within 60 days if you want FEHB coverage.

CONTINUING THE ENROLLMENT AND AGREEING TO PAY THE PREMIUM

If you elect to continue your coverage, you must elect to pay the premiums directly to Defense Finance and Accounting Service (DFAS) or to incur a debt for the amount of the unpaid premiums. If you elect to pay directly, mail a check or money order payable to the Deputy Director for Finance and mail to the DFAS location shown on your civilian leave and earnings statement. Include on the check your name, social security number, a note that the payment is for "FEHB premium," and the pay period for which the payment is being made.

If you elect to incur a debt, or if you elect to pay directly but fail to pay the entire amount due, you will receive a notice stating the total amount due. The notice will be sent when you return to pay status, your pay becomes sufficient, or you separate from employment. By electing to continue coverage you agree that the amount due will be withheld from salary by deducting the regular premium and an additional premium per pay period until the debt is paid. If the amount due cannot be withheld in full from salary, it will be recovered from a lump sum payment of accrued leave, income tax refunds, amounts payable under the Civil Service Retirement System or Federal Employees Retirement System, or any other source normally available for the recovery of a debt due the United States government.

Upon the completion of 365 days of continued coverage during LWOP, your coverage will terminate with a 31-day extension of coverage and the option to convert to a non-group contract.

Please check the appropriate space(s) below, sign, and mail this notice to the address listed or fax it to DSN 665-2936 or commercial (210) 565-2936.

After reading and understanding the above, I elect to:

- * Continue the enrollment (Check one): Submit direct payments Incur a debt

Signature _____ Date _____

OR

*Terminate the enrollment _____ Effective Date of LWOP _____
(Date) (Date)

Signature _____ Date _____

HQ AFPC/DPCMB
550 C STREET WEST, SUITE 57
RANDOLPH AFB TX 78150-4759

LIGHT DUTY ACCOMMODATION STEPS

WORK-RELATED CONDITION	NONWORK-RELATED CONDITION
1 – Verify necessity of light duty (Dispensary)	1 – Verify necessity of light duty (Dispensary)
2 – Modify/Accommodate Within Regular Job	2 – Modify/Accommodate Within Regular Job
3 – Refer to Directorate Light Duty Monitor for Assignment to Temporary Vacancy	3 – Refer to Directorate Light Duty Monitor for assignment to Temporary Vacancy
4 – Assign to Generic Light Duty Within Directorate	4 – Initiate Enforced Leave Process
5 – Advertise to Other Directorates for Authorized, Suitable Vacancy, or;	
6 – Advertises to Other Directorates for Assignment to Generic Light Duty	
7 – Initiate Enforced Leave Process*	

*For work injuries or illnesses – employees will not be placed on enforced leave until their claim for compensation has been adjudicated.

The full Light Duty Policy (2002 clarification, 1997 Light Duty Policy Letter, 1994 MOA) can be found at: <http://www.hill.af.mil/civpers/permis/emr/EmployeeRelationsHome.html>
Light Duty Policy / Clarification of Light Duty Policy

ANNUAL LEAVE COUNSELING ENTRY – *Employee Name*

1. The policies and guidelines concerning the use of unscheduled, emergency annual leave are outlined in the Master Labor Agreement, Article 23. Procedures for properly requesting annual leave are also covered in the Master Labor Agreement, Article 23. The use of annual leave is your right, subject to my approval. Any request for unscheduled leave must be made to me, or another person within your chain of command designated by management to receive such requests within two hours after the beginning of your regularly assigned shift. If we are not available to accept your request, you must leave a message that includes the anticipated duration of your absence and a telephone number where you can be reached within two hours from the time of your call. In addition to workload considerations, my decision to approve or disapprove leave will also involve consideration of your expressed desires and personal convenience.

2. You currently have a (*minimum, zero, or minus*) annual leave balance and the majority of your annual leave use is unscheduled. In future instances where you fail to properly request leave or you have insufficient leave to cover the absence, your absence may be charged to AWOL. If you must be on duty, due to workload requirements, your request may also be denied. Because of workload, training, TDY requirements, and vacation schedules of other employees you should try to schedule your leave as far in advance as possible to preclude any possible denial of leave. Failure to adhere to these requirements, and/or any resulting AWOL charges, may form the basis for disciplinary action.

(SUPERVISOR'S NAME)

Received by _____
Employee Signature

Date: _____

COUNSELING ENTRY FOR: *EMPLOYEE NAME*

SUBJECT: SICK LEAVE COUNSELING

1. This is to counsel you regarding your use of sick leave. Your leave record shows that *for the past year / past six months / since the start of the new leave year /*, your sick leave usage, in most instances, was for a period of three days or less and did not require a medical certificate. This review further revealed a sick leave pattern of *absence after paydays/ sick leave before or after holidays/ sick leave in conjunction with weekends/ absences during heavy workloads or undesirable duties / intermittent use of short duration with vague excuses/ using sick leave as soon as it is accrued/ any other pattern you see.*

2. Because of the usage and pattern described above, you should carefully consider your future requests for sick leave. Air Force regulation and the Master Labor Agreement provide for the granting of sick leave to employees who are incapacitated for performance of their duties by sickness, injury, pregnancy or childbirth, medical, dental or optical treatment or examination; or for care of family member for the aforementioned reasons.

3. While this counseling is in effect, all requests for sick leave must be made directly to me or in my absence, to another person in your chain of command who is authorized to approve such requests. In accordance with the Master Labor Agreement, requests for emergency sick leave must be made as soon as possible after the start of your shift. Under normal circumstances this will be not later than 2 hours after the shift begins. If we are not available to accept your request, you must leave a message that includes the anticipated duration of your absence and a telephone number where you can be reached within two hours of the time you call. Should you request sick leave and have insufficient sick leave accrued to cover the absence, I may charge you AWOL for that absence. If you fail to request leave according to established procedures, you may also be charged AWOL. I will monitor your future sick leave usage and if it becomes apparent that you may be abusing your sick leave privilege other corrective action, including discipline, may become necessary.

(SUPERVISOR'S NAME)

Received by _____
Employee Signature

Date: _____



DEPARTMENT OF THE AIR FORCE
HEADQUARTERS OGDEN AIR LOGISTICS CENTER (AFMC)
HILL AIR FORCE BASE, UTAH

MEMORANDUM FOR *EMPLOYEE ORG SYMBOL*
ATTENTION: *EMPLOYEE NAME*

FROM: *SUPV ORG SYMBOL*

SUBJECT: Suspected Sick Leave Abuse

1. On *date of SL counseling* you were counseled regarding your use of sick leave. Since the counseling, you have used *XXX* hours of sick leave. Subsequent to your counseling session, you have continued to use your sick leave *after paydays/ sick leave before or after holidays/ sick leave in conjunction with weekends/ absences during heavy workloads or undesirable duties / intermittent use of short duration with vague excuses/ using sick leave as soon as it is accrued/ any other pattern documented.*

2. Effective immediately, each time you are absent from work for all absences for which leave is requested due to illness or injury, regardless of the duration, you are required to submit a valid medical certificate from the treating physician to substantiate your incapacitation for duty. This medical documentation will require the following, consistent with Article 24, Section 24.03c of the MLA:

a. Your medical documentation must state that you were "incapacitated for duty" and should also provide a brief description of the illness or injury, sufficient to indicate why you were, or will be, unable to perform your normal duties for the period of absence. It must also include the inclusive/specific date(s) of incapacitation (i.e. the expected date of your return to duty). (Normally, medical statements such as "states he/she has been ill and unable to work," "has been given telephone advice," or "under my care" are not acceptable evidence of incapacitation to perform duties.)

b. The medical certificate must be signed personally by a physician, dentist, practitioner, or in some instances, a chiropractor. Initials or stamped signatures are not acceptable.

c. You must request leave on the first day of the absence and every additional day of absence, unless your supervisor relieves you of this requirement. You will be relieved of this requirement if your physician specifies in the medical documentation, described in paragraph (a) above, that you may not return to work until a specified date. The certificate should be provided within a reasonable period of time, normally within one week of your return to duty.

d. You must comply with the established sick leave requesting procedures under Section 24.01 of the MLA (i.e. Approval from immediate supervisor or designee under the above restrictions, if sick leave is requested. Automatic approval provisions are not applicable).

3. Failure to comply with any of the above requirements, especially proper medical substantiation of leave requests for absence(s) related to illness or injury will result in denial of leave and a charge of AWOL which could lead to disciplinary action.

4. The requirement to bring a doctor's certificate will continue in effect for a six-month period from the date of your receipt of this letter. This requirement will be reviewed with you prior to the six-month expiration period; and you will be advised, in writing, if the requirement is to be continued.

(SUPERVISOR'S SIGNATURE)

Received by _____
Employee Signature

Date: _____



DEPARTMENT OF THE AIR FORCE
HEADQUARTERS OGDEN AIR LOGISTICS CENTER (AFMC)
HILL AIR FORCE BASE, UTAH

MEMORANDUM FOR *EMPLOYEE ORG SYMBOL*
ATTENTION: *EMPLOYEE NAME*

FROM: *SUPV ORG SYMBOL*

SUBJECT: Letter of Unacceptable Attendance

1. This is to advise you that your work attendance is unacceptable. This poor attendance has been ongoing since *PERIOD OF REVIEW*. Since that date you have used *XXX* hours of leave and/or AWOL. This equates to only *XXX* days worked out of the past *PERIOD OF REVIEW* months. Both sick and annual are often co-mingled with LWOP or AWOL because you never have enough leave to cover an absence. In addition, all of your leave is unscheduled. I never know from day to day whether you will report for duty. Your poor attendance can no longer be condoned or tolerated. You currently have zero sick and annual leave balances.

2. Please be assured that I am concerned about your health and well being; but, I must also be concerned about the efficiency of our mission and workload as well. You are, therefore, advised that to retain your position with the United States Air Force you must be ready, willing, and able to perform the required duties of your position. Your position requires your presence on a regular, full-time basis, and it is your responsibility to ensure that you are here to perform those required duties. Your continuing, unscheduled absences from a position I must have filled in order to meet mission requirements can no longer be endured. I cannot continue to adjust for your lengthy, unscheduled, on-going absences and still meet mission requirements. I encourage you to become regular in your work attendance. Failure to do so, and/or further AWOL charges for your continued excessive absences, may result in adverse action, up to and including removal from federal service. Additionally, since your position does require your presence on a REGULAR, FULL TIME basis, I am directing you to take appropriate action concerning the following items:

a. Report for work. You will be required to clear through the dispensary.

b. If a medical condition is precluding your return to work, you must contact me to request leave and you must provide adequate documentation to support the requirement for your continuing absences. This documentation may be submitted to me or directly to the dispensary. As a minimum, your request must include:

- (1) A diagnosis.
- (2) Your current treatment status.
- (3) Prognosis of recovery.
- (4) Work limitations (if applicable).
- (5) Date incapacitation began and expected date of when you can return to duty.

3. For your convenience, I am attaching the following information on options you may want to consider if you do need continuing leave:

- (1) Guidance on how to invoke the Family Medical and Leave Act

(2) Application to be a leave recipient

(3) Advanced sick leave package

(4) Since you have no accrued sick or annual leave, a Blank SF 71 for requesting advanced annual leave or LWOP. Note that such requests will be subject to my approval and must include enough information for me to make an informed decision on your circumstances and the likelihood that you will return to work.

(5) General information on leave without pay and employee benefits

4. If you do not plan to return to work on a regular full-time basis for medical reasons, you may want to:

(1) Apply for a medical retirement by contacting your retirement specialist, ***SPECIALIST'S NAME AND PHONE NUMBER***, for assistance, or

(2) Resign by written statement to that effect, sent to the undersigned with your signature and date (note: if you choose to resign, you can apply for a medical retirement for up to one year from the effective date of your resignation).

6. You must respond to this letter by ***REASONABLE DATE***. Failure to respond by ***DATE*** may result in your absence being charged to AWOL, and disciplinary action, including removal, could result. Additionally, failure to properly request leave or to provide adequate documentation to support a request for leave may result in your absence being charged to AWOL, disapproval of your leave request, and disciplinary action, including removal.

7. If you have any questions concerning this letter, your work schedule, or any other work-related issues, please contact me immediately and I will ensure your concerns are clarified.

(SUPERVISOR SIGNATURE)

3 Attachments

As shown above in paragraph 4

I acknowledge receipt of this letter.

Signature of Employee

Date of Receipt



DEPARTMENT OF THE AIR FORCE
HEADQUARTERS OGDEN AIR LOGISTICS CENTER (AFMC)
HILL AIR FORCE BASE, UTAH

MEMORANDUM FOR *EMPLOYEE ORG SYMBOL*
ATTENTION: *EMPLOYEE NAME*

FROM: *SUPV ORG SYMBOL*

SUBJECT: Placement on Administrative Leave

1. On *DATE OF INCIDENT*, I was advised that *DESCRIPTION OF INCIDENT WHERE EMPLOYEE INDICATED THEY MAY HARM THEMSELVES OR OTHERS*.
2. The seriousness of this incident has caused me to be concerned about your personal safety and the well-being and safety of all my employees. Therefore, effective immediately, you are being placed on Administrative Leave. You are **directed to not** report for duty or to attempt to enter Hill Air Force Base until you receive permission or instructions to do so from me or another management official.
3. You are directed to contact me at *SUPV PHONE NUMBER*, not earlier than *SHIFT START TIME* and not later than *2 HOURS AFTER SHIFT START TIME* each workday to receive further instructions and to report your status. If I am not available, you are to leave a message that you called and a telephone number where you can be reached for the next two hours. Failure to follow these reporting instructions may result in AWOL charges and disciplinary action up to and including removal.
4. You are also advised that this incident is being investigated further and pending the outcome of the investigation, disciplinary action may follow. Furthermore, failure to comply with the directives in this notice could also result in disciplinary action, up to and including removal.

(SUPERVISOR'S SIGNATURE)

I hereby acknowledge receipt of this letter:

Signature of Employee

Date of receipt