

**REQUEST TO EXTEND OR END LEAVE TRANSFER EMERGENCY**

**MAIL THIS FORM TO 88 SPT/DPCZB NOT LATER THAN THREE DAYS AFTER THE CURRENT MEDICAL STATEMENT ENDS**

TO  88 MSG/DPCZB	FROM
LEAVE TRANSFER RECIPIENT	SSN
DATE CURRENT MEDICAL STATEMENT ENDS	LEAVE TRANSFER APPROVAL DATE

**CHECK THE APPROPRIATE ACTION BEING REQUESTED BY THE EMPLOYEE**

- REQUEST THIS LEAVE TRANSFER CASE BE EXTENDED. THE NEW ENDING DATE (Medical Statement Attached)
- THIS EMPLOYEE RETURNED TO WORK ON A PART-TIME/INTERMITTENT/LIMITED DUTY STATUS  
THE PHYSICIAN STATES THE EMPLOYEE TO BE ABLE TO WORK APPROXIMATELY HOURS PER WEEK.  
PLEASE EXTEND THE EMERGENCY TO THE NEW ENDING DATE AT WHICH TIME THE EMPLOYEE IS EXPECTED TO RETURN  
NORMAL TOUR OF DUTY. (Medical Statement Attached)
- THIS EMPLOYEE WAS APPROVED FOR THE LEAVE TRANSFER PROGRAM DUE TO SERIOUS ILLNESS, WITH AN INDEFINITE ENDING DATE. AN  
UPDATED MEDICAL STATEMENT IS ATTACHED, TO VERIFY THE EMERGENCY STILL EXISTS AND THE EMPLOYEE NEEDS TO REMAIN IN THE  
LEAVE TRANSFER PROGRAM. THE EMPLOYEE HAS BEEN ADVISED A NEW UPDATED MEDICAL STATEMENT MUST BE FURNISHED, NO LATER  
WHICH IS THREE MONTHS FROM THE DATE ON THE ATTACHED
- THE EMERGENCY FOR THE EMPLOYEE'S MEDICAL CONDITION TERMINATED ON  
ATTACHED IS A MEDICAL STATEMENT RELEASING THE EMPLOYEE TO RETURN TO HIS/HER REGULAR TOUR OF DUTY
- THE MEDICAL EMERGENCY FOR THIS EMPLOYEE'S FAMILY MEMBER TERMINATED ON

**FOR TERMINATION OF LEAVE TRANSFER EMERGENCY, PLEASE HAVE EMPLOYEE SIGN IN THE APPROPRIATE SECTION BELOW.**

I AM REQUESTING THAT MY CASE REMAIN OPEN TO RECEIVE ADDITIONAL DONATIONS NEEDED, OR UNTIL THE END OF THE LEAVE YEAR;  
WHICHEVER COMES FIRST (SIGNATURE DATE SIGN)

I AM REQUESTING THAT MY LEAVE TRANSFER CASE BE CLOSED  
(SIGNATURE DATE)

I  I DO RECOMMEND APPROVAL OF THIS (Reason for not recommending approval must be attached separately)

SUPERVISOR'S NAME (Printed)	SUPERVISOR'S SIGNATURE	PHONE	DATE
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**TO BE COMPLETED BY CIVILIAN PERSONNEL**

I  I DO RECOMMEND APPROVAL OF THIS (If this request is not recommended for approval, a draft letter will  
need to be prepared and attached for EMR Chief to review and approve).

SERVICING SPECIALIST PRINTED NAME	SERVICING SPECIALIST	DATE
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DATE PAYROLL NOTIFIED	PAR #	DATE INDICATOR CODE TO BE CHANGED	PAY TECH
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\* DO NOT CHANGE LEAVE INDICATOR CODE UNTIL READY TO CLOSE CASE

**PRIVACY ACT STATEMENT**

**AUTHORITY:** Public law 013-103, U.S.C. 6332, Title 5 and EO 9397.  
**PRINCIPAL PURPOSE:** Used primarily by management personnel, and payroll to identify records properly associated with leave transfer program.  
**ROUTINE USES:** 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, or regulations; or to another agency or court when the government is part of a suit. SSN is for positive identification.  
**DISCLOSURE:** Disclosure is voluntary. However, failure to do so may prevent proper administration of leave transfer program.

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### **About the ITAOP/savePDF Method**

The traditional Field-by-Field creation process is extremely ineffective and slow.

The only realistic option to create high-quality forms is the Insert-Text-Anywhere-on-Page (ITAOP) method.

The field creation process is about 10,000 times faster than the traditional method; the list of ITAOP features is not even available for the traditional method.

ITAOP savePDF method proved to be very simple and completely reliable for millions of users all over the world (incl. individuals, companies, organizations, government employees).