

Appendix E: Example of an FMLA Notice Combined with a Voluntary Leave Transfer Notice

MEMORANDUM FOR XXXXXXXXXXXXXXXX

SUBJECT: Family and Medical Leave Act/Voluntary Leave Transfer Notice

1. You have requested leave without pay because of your continuing serious health conditions. There are numerous programs that are available that can help you through a period of serious illness.
2. [State what the issue is from management's perspective]. You have been out of the office on sick leave or annual leave for the purpose of illness for \_\_\_\_\_ days in 20XX and have represented that you will need \_\_\_\_\_ (what the employee is requesting).
3. If you have a serious health condition that makes you unable to perform the essential functions of your positions, you may qualify for certain protections under the Family and Medical Leave Act of 1993 (FMLA), which entitles you to a total of up to twelve workweeks of unpaid leave during any twelve-month period. Under certain conditions, an employee may use the twelve weeks of FMLA leave intermittently. An employee may elect to substitute their annual leave and/or sick leave, consistent with current laws and OPM's regulations for using annual and sick leave, for any unpaid leave under the FMLA. If you wish to claim protections under the FMLA, you should notify me of your intent to take family and medical leave. Here is a website with a synopsis of the Family and Medical Leave Act:  
<http://www.opm.gov/oca/leave/HTML/fmlafac2.asp>. The FMLA form is enclosed and can be found at <http://www.dol.gov/whd/forms/wh-380-e.pdf>. You must complete and provide this form to XXX within fifteen days of your request.
4. Secondly, I refer you to the regulations concerning the Leave Donation Program that can be found at <https://www.govinfo.gov/content/pkg/CFR-2019-title5-vol1/xml/CFR-2019-title5-vol1-part630.xml> (5 C.F.R. 630.901-630.913). The Voluntary Leave Transfer Program allows an employee who has a medical emergency to receive transferred annual leave directly from other employees in order to avoid being placed in a leave without pay situation. This allows an employee to continue to receive pay while recuperating from an emergency (whether it is their own or a family member's). Medical emergency means a medical condition of an employee or a family member of such employee that is likely to require an employee's absence from duty for a prolonged period of time and to result in a substantial loss of income to the employee because of the unavailability of paid leave. If you wish to request to receive leave under this program, you must make a written request and provide medical documentation of the medical emergency. You may use the OPM Form 630, available at [http://www.opm.gov/FORMS/PDF\\_FILL/opm630.pdf](http://www.opm.gov/FORMS/PDF_FILL/opm630.pdf)
5. For other rights related leave, please go to <http://www.opm.gov/oca/leave/> and <http://www.opm.gov/oca/leave/HTML/formindx.asp>.

6. It is my goal to assist you where possible. Please feel free to contact me at (XXX) XXX-XXXX and [email].

Respectfully,

Encl  
Form WH-380-E

[Supervisor's Signature Block]

Receipt Acknowledged:

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

\_\_\_\_\_  
Date