

NATCA VLB Recipient Application Form

Applicant Name: Supervisor Name:

Phone Number: Phone Number:

Alternative Email: Email:

Describe The Nature And Severity Of The Medical Emergency

Application For: Employee
 Family

Expected Absence Per Pay Period: Continuous
 Intermittent

Emergency Began:

Physician Name:

Emergency End:

Physician Phone:

Hours Requested:

LWOP Hours Used for this Emergency:

Leave Balance as of the Beginning of the Current Pay Period: Annual Leave:

Sick Leave:

Has Applicant Used the Voluntary Leave Transfer Program For This Emergency? Yes
 No

ALL FIELDS ARE REQUIRED - Attach medical documentation and/or justification for bonding purposes.
(Medical documentation shall include a description of the nature, severity, anticipated duration of the medical emergency, if it is a recurring one, and the approximate frequency of the medical emergency affecting the leave bank member. NOTE: When the leave application is solely for the purpose of bonding with a child, documented proof of birth or adoption may be required.)

Through my signature below, I authorize the access of my Voluntary Leave Bank application and associated records, including medical documentation, to the Voluntary Leave Bank Board Members for their review as they process my application, in accordance with HRRM LWS-8.12d and HROI, Procedures for the FAA Voluntary Leave Bank.

Signature:

Date:

Privacy Act Statement (5 U.S.C. § 552a, as amended):

Authority: Information on NATCA VLB Recipient Application Form is solicited under the authority of section 347 of the 1996 Department of Transportation Appropriations Act, implementing personnel management system policies and procedures, including Human Resource Policy Manual (HRPM), LWS-8.12 and LWS-8-12d and Human Resources Operating Instructions (HROI), Procedures for the FAA Voluntary Leave Bank.

Purpose: The purpose for collection of this information is to enable the FAA to process applications for donated leave under FAA's Voluntary Leave Bank in accordance with FAA HRPM policy and HROI procedures.

Disclosure: Submission of this data, and any medical information, is voluntary. This information will become part of the Privacy Act System of Records DOT/ALL 19, [Federal Personnel and Payroll System](#). 73 FR 66826 (November 7, 2008). Incomplete submission will impede the FAA's ability to process the application for voluntary leave.

Routine Use of Information: Within the Department of Transportation (DOT), this information will be shared only with DOT employees, contractors, and detailees who have a need to know the information in performance of official duties. This information will be disclosed outside of the DOT only if a Privacy Act exception applies, which includes the routine uses listed in System of Records Notice (SORN) DOT/ALL 19, [Federal Personnel and Payroll System](#). The Department has also published 15 additional routine uses applicable to all DOT Privacy Act systems of records. These routine uses are published in the Federal Register at 84 FR 55222 (October 15, 2019) and 77 FR 42796 (July 20, 2012), and under "Prefatory Statement of General Routine Uses" (available at <https://www.transportation.gov/privacy/privacyactnotices>).