

**TAKING CARE OF OUR OWN WORKSHEET
FOR THE LEAVE RECIPIENT'S FIRE CHIEF**

The *Taking Care of Our Own* Program was launched in October 2005 to provide a support network for federal civilian members of the DoD Fire and Emergency Services **family**. The Program provides a simple, systematic, DoD-wide, means to help family members in crisis who have exhausted their leave. The program entails alerting all members of the family that a fellow member is suffering from a personal or family (medical) crisis and has been approved for the *Volunteer Leave Transfer Program*. Each family member is asked to donate at least **one hour** of annual leave to the member in crisis so they can focus on recovering rather than worrying about loss of the pay check (the result of running out of leave). Participation in the program is completely voluntary and no member may be pressured to donate. The single requirement is that the leave recipient must be approved for the Volunteer Leave Transfer Program.

No strings are attached to participating in the Program for either a leave donor or the leave recipient. No consideration is given to the employing agency, position, grade, past participation of the leave recipient, or other factors which would make the Program difficult or controversial. It is simply a Program to help each other during situations that often represent the most difficult time in our life. Take the Program at face value - it provides an opportunity to dramatically benefit members of our fire family who are in trouble.

Complete this worksheet to alert the family of federal civilian employees that a family member is in need of leave donation to sustain them through a personal or family crisis. This worksheet ensures consistency and avoids delays to obtain correct/additional information:

- Ensure leave recipient has been approved for the Voluntary Leave Transfer Program; obtain a copy of the approved OPM Form 630, *Application to Become A Leave Recipient Under the Voluntary Leave Transfer Program*.
 - In the text box below, provide information required to complete OPM Forms 630a and 630b, Blocks 9 or 10 respectively. The information is identical for each form (name, agency, agency's address, organization, agency, department, office, division, branch, etc.). Send this worksheet to the Chief of Fire & Emergency Services for the leave recipient's Agency (Air Force, Army, Navy, USMC, DLA). They will broadcast the alert across the DoD.
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- Provide information about the leave recipient. Please ensure that all information provided has been approved for release by the leave recipient or as indicated on the approved OPM Form 630. This information is not a requirement to participate in the Program.
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- Indicate the leave recipients normal biweekly work schedule (hours): 80 112 120 144
other ____

- Provide a point of contact for additional information:

NAME: _____ COM PHONE: _____ DSN PHONE: _____

email: _____

- Provide a FAX number to send completed Forms 630a/630b: COM: _____ DSN: _____
- Notify the local Civilian Personnel/Human Resources experts when an individual is nominated for the *Taking Care of Our Own* Program and is expected to receive internal and external leave donations.
- Send this completed form to the Chief of Fire and Emergency Services for your DoD Agency.

TAKING CARE OF OUR OWN WORKSHEET FOR LEAVE DONOR'S FIRE CHIEF

The *Taking Care of Our Own* Program was launched in October 2005 to provide a support network for federal civilian members of the DoD Fire and Emergency Services **family**. The Program provides a simple, systematic, DoD-wide means to help family members in crisis who have exhausted their leave. The program entails alerting all members of the family that a fellow member is suffering from a personal or family (medical) crisis and has been approved for *Volunteer Leave Transfer Program*. Each family member is asked to donate at least **one hour** of annual leave to the member in crisis so they can focus on recovering rather than worrying about loss of the pay check (the result of running out of leave). Participation in the program is completely voluntary and no member may be pressured to donate. The single requirement is that the leave recipient must be approved for the Volunteer Leave Transfer Program.

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Upon notification from the DoD agency's chief of fire and emergency services that an individual has been entered into the *Taking Care of Our Own* Program:

- Notify the civilian personnel/human resources office that leave donations are pending. At some locations the process of donating will include processing the donations through these offices.
- Notify your members that an individual has entered the *Taking Care of Our Own* Program. Provide the appropriate OPM form to be completed by members who wish to donate leave.
- Appoint a point of contact (POC) to collect completed OPM Forms 630-A/B, check for completeness and accuracy, and transmit the forms AND THIS WORKSHEET to the leave recipients POC.
- Provide the attached worksheet, *Taking Care of Our Own Worksheet for Leave Donors*, and the appropriate OPM forms (630-A for donating to individuals in the same DoD agency; 630-B for donating to individuals in another DoD agency) to each leave donor.
- Collect the worksheets and OPM forms from leave donors, check for completeness and FAX them to the POC at the recipient's location (follow any local procedures).

TAKING CARE OF OUR OWN WORKSHEET FOR LEAVE DONORS

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LEAVE DONOR'S NAME: _____

- Complete all sections of OPM Form 630-A if donating to an individual in the same DoD agency (e.g. AF firefighter donating to another AF firefighter). Information to complete Block 9 of the form is available from your fire chief and it should look something like: "John Doe, US Air Force, 4 CES, 144 Saber Dr., Tyndall AFB FL 32403."
- Complete Part A of OPM Form 630-B if donating to an individual in another DoD agency (e.g. Navy firefighter donating to an Army firefighter). Information to complete Block 10 of the form is available from your fire chief and it should look something like: "John Doe, US Air Force, 4 CES, 144 Saber Dr., Tyndall AFB FL 32403."
- Indicate your normal biweekly work schedule (hours): 80 112 120 144
other ____.
- Provide this worksheet and the completed OPM Form 630-A or 630-B to the POC appointed by your fire chief. The POC will transmit the forms to the POC at the leave recipient's installation.