

## Voluntary Leave Transfer Program (VLTP) Request Process - EMPLOYEE

**Where:** Employee Leave Balance Page  
**Who:** Employee/Initiator  
**Timeframe:** Anytime during pay period

### Purpose:

An employee may request Voluntary Leave Transfer Program (VLTP) for the purpose of a medical emergency for themselves or a family member. In addition, an employee may request VLTP for military purposes for a family member. Appropriate medical/military documentation must be submitted to the NASA Shared Service Center Payroll Office (NPO) at **1-866-779-6772**.

### Employee or Initiator Procedure:

1. From the employee Leave Balance page, click on the “Create Request for Voluntary Leave Transfer Program (VLTP)” link to Request to Become Leave Share Recipient.

LEAVE FORM REQUESTS for	
<a href="#">Create Request for Advance Sick Leave</a>	Create a new request to receive sick leave advance.
<a href="#">Create Request for Voluntary Leave Transfer Program (VLTP)</a>	Create a new request to receive donated leave.
<a href="#">Donate Leave within NASA</a>	Initiate process to donate annual/restored leave within NASA.
<a href="#">Donate Leave outside NASA</a>	Initiate process to donate annual/restored leave outside NASA.
<a href="#">Donate Leave - Emergency Transfer Program</a>	Leave Form Workflow - ASL Test.
<a href="#">List Pending Leave Form Requests</a>	List All Pending leave form requests (initiated, Editing, Pending Recommendation, etc).
<a href="#">List Historical Leave Form Requests</a>	List All Historical leave form requests (Terminated, Withdrawn, Disapproval Recommended, Final Disapproval, etc).
<a href="#">Visit Online Support for Additional Information on these processes</a>	

2. Follow the steps below:
  - a. All fields are required including comments, except ‘Employee Alternate Email’
  - b. Select individual for approval from the list available
  - c. After completion click CONTINUE. If errors are applicable, they will be displayed at the top of the screen
    - i) Note: If errors are applicable, messages will appear with appear in red with instructions on what to correct. The SUMBIT REQUEST button will not be available until all errors are corrected.
  - d. Review information for accuracy (**if any changes are made to the request, the ‘Continue’ button must be clicked before the ‘Submit’ button for changes to be saved**), read the certification and privacy act statements, click the check box if you agree to the Terms and Conditions.
  - e. Click SUBMIT REQUEST (located beneath the privacy act statement)



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### Request to Become a Leave Recipient for

**New Leave Request** List Pending  
**Initiated by:** List Historical  
**Status:** Unknown

**c**

**a**

All fields, except 'Alternate Email', are required.

Nature and severity of the medical emergency:

Actual Emergency/Event Begin Date (MM/DD/YYYY):

Estimated End Date:

Individual affected by medical emergency (Select One):

- Self
- Family Member
- Family Military Prep
- Family Military Injury

Select appropriate disclosure information:

- Do NOT disclose applicant name on agency-wide leave share recipient list.
- Disclose applicant name on agency-wide leave share recipient list.
- Disclose applicant name and description of medical/military emergency on agency-wide leave share recipient list.

Provide a description of the medical emergency to be distributed to servicing personnel offices so that other employees may donate annual/restored leave to the applicant.

Indicate telephone number where initiator of this request can be reached:

Select individual for approval:  **b**

Comments (include justification):

Emergency Contact:

Emergency Contact Phone XXX-XXX-XXXX:

Employee Alternate Email:

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Privacy Act Statement:

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### Request to Become a Leave Recipient for

**Leave Request Number:** 6200-03239 List Pending  
**Initiated by:** List Historical  
**Status:** Initiated

**This request may be submitted. Please review the Certification and Privacy Act statements at the bottom of this form. After review, click the Submit Request button located at the bottom of the form.**

All fields, except 'Alternate Email', are required.

Nature and severity of the medical emergency:

Actual Emergency/Event Begin Date (MM/DD/YYYY):

Estimated End Date:

Individual affected by medical emergency (Select One):

- Self
- Family Member
- Family Military Prep
- Family Military Injury

Select appropriate disclosure information:

- Do NOT disclose applicant name on agency-wide leave share recipient list.
- Disclose applicant name on agency-wide leave share recipient list.
- Disclose applicant name and description of medical/military emergency on agency-wide leave share recipient list.

Provide a description of the medical emergency to be distributed to servicing personnel offices so that other employees may donate annual/restored leave to the applicant.

Indicate telephone number where initiator of this request can be reached:

Select individual for approval:

Comments (include justification):

Emergency Contact:

Emergency Contact Phone XXX-XXX-XXXX:

Employee Alternate Email:

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Comment	Changed By	Changed On
Emergency		07/08/2011 09:37:53

**d** Certification:  Privacy Act Statement:

I agree to the Terms and Conditions.

**e**

3. After submitting the request, a message will display notifying user that the request has been submitted and **medical/military documentation must be provided to their approver and also fax a copy to NPO at 1-866-779-6772**. An email will be sent to the employee/initiator, approver, and center ER. Options are available to withdraw the request or apply additional comments for approver, Center Employee Relations (ER), or NPO to view. To apply comments:
  - a. Type within the Comments section of the request
  - b. Click "UPDATE"

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### Request to Become a Leave Recipient for

Leave Request Number: 6200-03239 List Pending  
Initiated by: List Historical  
Status: Pending NPO Review

**Your request has been submitted. Please give medical/military documentation to your approver and fax to NPO at 1-866-779-6772.**

Withdraw Update **b**

All fields, except 'Alternate Email', are required.

Nature and severity of the medical emergency: Emergency

Actual Emergency/Event Begin Date (MM/DD/YYYY): 06/29/2011

Estimated End Date: 08/29/2011

Individual affected by medical emergency (Select One):  
 Self  
 Family Member  
 Family Military Prep  
 Family Military Injury

Select appropriate disclosure information:  
 Do NOT disclose applicant name on agency-wide leave share recipient list.  
 Disclose applicant name on agency-wide leave share recipient list.  
 Disclose applicant name and description of medical/military emergency on agency-wide leave share recipient list.

Provide a description of the medical emergency to be distributed to servicing personnel offices so that other employees may donate annual/restored leave to the applicant.  
Emergency

Indicate telephone number where initiator of this request can be reached XXX-XXX-XXXX: 555-555-5555

Individual selected to provide approval:

Comments (include justification):  
Input Comments here **a**  
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Emergency Contact: John Doe  
Emergency Contact Phone XXX-XXX-XXXX: 555-123-5555  
Employee Alternate Email:

Comment	Changed By	Changed On
Emergency		07/08/2011 09:37:53

Privacy Act Statement:

5. Comments will be saved and displayed at the bottom of the request page with changed by and changed on information.

Comment	Changed By	Changed On
Emergency		07/08/2011 09:37:53
Input Comments here		07/08/2011 09:39:11

Privacy Act Statement:

- To withdraw the request, enter a comment and click "WITHDRAW".

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### Request to Become a Leave Recipient for

Leave Request Number: 6200-03239 List Pending  
Initiated by: List Historical  
Status: Pending NPO Review

Your request has been submitted. Please give medical/military documentation to your approver and fax to NPO at 1-866-779-6772.

- After the user clicks "WITHDRAW", a yellow instruction box will appear. If "WITHDRAW" was selected on accident, click "Withdraw (No)". Otherwise, click "Withdraw (Yes)".

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### Request to Become a Leave Recipient for

Leave Request Number: 6200-03239 List Pending  
Initiated by: List Historical  
Status: Pending NPO Review

Are you sure you want to withdraw this request?

NOTE: Comment is REQUIRED for Withdrawal. Please enter comment before selecting "Yes".

- Notice that when "Withdraw (Yes)" is chosen, the status changes to "Initiator Withdraw Confirmed". When "Withdraw (No)" is chosen, the status of the request does not change and remains as "Pending NPO Review".

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### Request to Become a Leave Recipient for

Leave Request Number: 6200-03239 List Pending  
Initiated by: List Historical  
Status: Initiator Withdraw Confirmed by

- The employee Initiator can review the status of the request at any point after submittal from the employee Leave Balance page. Click the link to “List Pending Leave Form Requests”.

LEAVE FORM REQUESTS for	
<a href="#">Create Request for Advance Sick Leave</a>	Create a new request to receive sick leave advance.
<a href="#">Create Request for Voluntary Leave Transfer Program (VLTP)</a>	Create a new request to receive donated leave.
<a href="#">Donate Leave within NASA</a>	Initiate process to donate annual/restored leave within NASA.
<a href="#">Donate Leave outside NASA</a>	Initiate process to donate annual/restored leave outside NASA.
<a href="#">Donate Leave - Emergency Transfer Program</a>	Leave Form Workflow - ASL Test.
<b><a href="#">List Pending Leave Form Requests</a></b>	List All Pending leave form requests (Initiated, Editing, Pending Recommendation, etc).
<a href="#">List Historical Leave Form Requests</a>	List All Historical leave form requests (Terminated, Withdrawn, Disapproval Recommended, Final Disapproval, etc).
<a href="#">Visit Online Support for Additional Information on these processes</a>	

- All pending leave form requests will display in the list. The status as well as other request information is listed. To view further details of the individual form, click ‘Edit’ to the right of the request. Options for withdrawal or applying comments remain available prior to approval. Once, approved, the request must be terminated.

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### All Pending Leave Forms for

Id	Employee	Type	Status	Hours (Total)	Pay Period Begin Date	Actual Emergency/Event Begin Date	Est. End Date	Action
6200-03238		LEAVE RECIPIENT	Pending NPO Review	0.0	6/19/2011	6/29/2011	8/29/2011	<a href="#">Edit</a>
6200-03239		LEAVE RECIPIENT	Pending NPO Review	0.0	6/19/2011	6/29/2011	8/29/2011	<a href="#">Edit</a>

- APPROVED** requests can be accessed from the leave balances pages in the section just above leave balances. Click on the link under the request header.

ACTIVE LEAVE FORM REQUESTS for

Approved ASL Requests: 0  
Approved VLTP Requests: 2

Request #	Request Type	Requests	Pay Period Begin Date	Actual Emergency/Event Begin Date	Estimated End Date
6200-03240	VLTP	<a href="#">Self</a>	06/19/2011	06/29/2011	08/29/2011
6200-03241	VLTP	<a href="#">Self</a>	05/22/2011	05/29/2011	08/29/2011

12. Requests that are withdrawn or terminated can be accessed from the “List Historical Leave Form Requests” link on the leave balances page.

LEAVE FORM REQUESTS for	
<a href="#">Create Request for Advance Sick Leave</a>	Create a new request to receive sick leave advance.
<a href="#">Create Request for Voluntary Leave Transfer Program (VLTP)</a>	Create a new request to receive donated leave.
<a href="#">Donate Leave within NASA</a>	Initiate process to donate annual/restored leave within NASA.
<a href="#">Donate Leave outside NASA</a>	Initiate process to donate annual/restored leave outside NASA.
<a href="#">Donate Leave - Emergency Transfer Program</a>	Leave Form Workflow - ASL Test.
<a href="#">List Pending Leave Form Requests</a>	List All Pending leave form requests (Initiated, Editing, Pending Recommendation, etc).
 <a href="#">List Historical Leave Form Requests</a>	List All Historical leave form requests (Terminated, Withdrawn, Disapproval Recommended, Final Disapproval, etc).
<a href="#">Visit Online Support for Additional Information on these processes</a>	

### Employee/Initiator Extension Process:

An employee may extend a current VLTP request if the currently approved medical condition is ongoing beyond the approved estimated end date. **Additional supporting documentation for the same medical/military occurrence must be sent to the NSSC for justification.**

**NOTE:** You must obtain and provide adequate medical documentation to support your medical leave request. You must provide this documentation to your supervisor and to the NSSC HR Office who are the approving officials of your request. The NSSC fax line (1-866-779-6772) is secure. Please review OHCM [Personnel Bulletin 2008-03-SH](#) for more information. The bulletin can be found in WebTADS online support section under ‘Employee Information’ for ASL/VLTP and Leave Donation Enhancements’.



1. Access the request as indicated in step 11 above. Click "Extend Request".

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### Request to Become a Leave Recipient for

**Leave Request Number:** 6200-03239

**Initiated by:**

**Status:** Final Approval by

**Medical Documentation received by:**

List Pending

List Historical

Terminate Request
Extend Request
Apply Comments

All fields, except 'Alternate Email', are required.

**Nature and severity of the medical emergency**

**Actual Emergency/Event Begin Date (MM/DD/YYYY)**

  


**Estimated End Date**

**Select appropriate disclosure information**

Do NOT disclose applicant name on agency-wide leave share recipient list.

Disclose applicant name on agency-wide leave share recipient list.

Disclose applicant name and description of medical/military emergency on agency-wide leave share recipient list.

**Provide a description of the medical emergency to be distributed to servicing personnel offices so that other employees may donate annual/restored leave to the applicant.**

**Individual affected by medical emergency (Select One)**

Self

Family Member

Family Military Prep

Family Military Injury

**Indicate telephone number where initiator of this request can be reached**  
XXX-XXX-XXXX

**Individual selected to provide approval: !**

**Comments (include justification)**

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**Emergency Contact**

**Emergency Contact Phone XXX-XXX-XXXX**

**Employee Alternate Email**

Comment	Changed By	Changed On
Emergency		07/08/2011 09:37:53
Input Comments here		07/08/2011 09:39:11
Extend Request Needed		07/08/2011 11:35:30
Need to extend request		07/08/2011 11:40:54



2. A yellow instruction box will appear:
  - a. Input comment regarding the extension
  - b. Click "Extend Request (Yes)"

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### Request to Become a Leave Recipient for

Leave Request Number: 6200-03239 List Pending

Initiated by: List Historical

Status: Final Approval

Medical Documentation received by

**Are you sure you want to extend this request?**

**NOTE: Comment is REQUIRED for Extension. Please enter comment before selecting 'Yes'.**

All fields, except 'Alternate Email', are required.

Nature and severity of the medical emergency

Actual Emergency/Event Begin Date (MM/DD/YYYY)

Estimated End Date

Individual affected by medical emergency (Select One)

Self

Family Member

Family Military Prep

Family Military Injury

Select appropriate disclosure information

Do NOT disclose applicant name on agency-wide leave share recipient list.

Disclose applicant name on agency-wide leave share recipient list.

Disclose applicant name and description of medical/military emergency on agency-wide leave share recipient list.

Provide a description of the medical emergency to be distributed to servicing personnel offices so that other employees may donate annual/restored leave to the applicant.

Indicate telephone number where initiator of this request can be reached XXX-XXX-XXXX

Individual selected to provide approval:

Comments (include justification)

Emergency Contact

Emergency Contact Phone XXX-XXX-XXXX

Employee Alternate Email

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3. New fields will appear for "NEW Estimated End Date" requested.
  - a. Enter the new estimated end date you are requesting under the old estimated end date
  - b. Click "Update"

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### Request to Become a Leave Recipient for

Leave Request Number: 6200-03239 List Pending  
List Historical

Initiated by  
Status: Extend Request Initiated  
Medical Documentation received by

**Please Enter new End Date, Update and Submit for Extension.**

Update Cancel Apply Comments

All fields, except "Alternate Email", are required.

Nature and severity of the medical emergency: Emergency

Actual Emergency/Event Begin Date (MM/DD/YYYY): 06/29/2011

OLD Estimated End Date: 08/29/2011

NEW Estimated End Date: 09/29/2011

Individual affected by medical emergency (Select One):  
 Self  
 Family Member  
 Family Military Prep  
 Family Military Injury

Select appropriate disclosure information:  
 Do NOT disclose applicant name on agency-wide leave share recipient list.  
 Disclose applicant name on agency-wide leave share recipient list.  
 Disclose applicant name and description of medical/military emergency on agency-wide leave share recipient list.

Provide a description of the medical emergency to be distributed to servicing personnel offices so that other employees may donate annual/restored leave to the applicant.  
Emergency

Indicate telephone number where initiator of this request can be reached XXX-XXX-XXXX: 555-555-5555

Individual selected to provide approval:

Comments (include justification):

Emergency Contact: John Doe  
Emergency Contact Phone XXX-XXX-XXXX: 555-123-5555  
Employee Alternate Email:

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4. Click "Submit for Extension" at the bottom of the form and fax additional documentation for same occurrence to the NPO at **1-866-779-6772**. An email is sent to the NPO and the employee.

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### Request to Become a Leave Recipient for

Leave Request Number: 6200-03239

Initiated by List Pending  
List Historical

Status: Extend Request Initiated

Medical Documentation received by

**Please Enter new End Date, Update and Submit for Extension.**

Update Cancel Apply Comments

All fields, except 'Alternate Email', are required.

Nature and severity of the medical emergency

Actual Emergency/Event Begin Date (MM/DD/YYYY)

OLD Estimated End Date

NEW Estimated End Date

Select appropriate disclosure information

Do NOT disclose applicant name on agency-wide leave share recipient list.

Disclose applicant name on agency-wide leave share recipient list.

Disclose applicant name and description of medical/military emergency on agency-wide leave share recipient list.

Provide a description of the medical emergency to be distributed to servicing personnel offices so that other employees may donate annual/restored leave to the applicant.

Individual affected by medical emergency (Select One)

Self

Family Member

Family Military Prep

Family Military Injury

Indicate telephone number where initiator of this request can be reached XXX-XXX-XXXX

Individual selected to provide approval:

Comments (include justification)

Emergency Contact

Emergency Contact Phone XXX-XXX-XXXX

Employee Alternate Email

500 / 500

Comment	Changed By	Changed On
Emergency		07/08/2011 09:37:53
Input Comments here		07/08/2011 09:39:11
Extend Request Needed		07/08/2011 11:35:30

Privacy Act Statement:

**Submit for Extension**

WebTADS 2.9.9.28 (Build 2011.06.29@17:25) [36ms]  
Fri Jul 08 11:36:00 CDT 2011 on wttstap2 id=11  
Leave Form Find a bug? Please report it to your WebTADS Center Administrator.

5. Request is routed to the NPO for review and approval.

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### Request to Become a Leave Recipient for

Leave Request Number: 6200-03239

Initiated by

Status: Extension Pending NPO Review

Medical Documentation received by

**Your extension request has been submitted.**

Withdraw Update Apply Comments

- An email will be sent to the employee and NPO once the extension is either withdrawn or approved by NPO. The employee can view the status of their extension request by navigating back to their leave balances page to the approved section for leave requests and clicking the link for the request.

Request #	Request Type	Requests	Pay Period Begin Date	Actual Emergency/Event Begin Date	Estimated End Date
6200-03240	VLTP	<a href="#">Self</a>	06/19/2011	06/29/2011	08/29/2011
6200-03241	VLTP	<a href="#">Self</a>	05/22/2011	05/29/2011	08/29/2011

## Employee/Initiator Termination Process:

- Employees/Initiator will receive an email 30 days prior to the estimated end date of their request as a reminder that the estimated end date is approaching. Employees and NPO will also receive an email when the estimated end date has passed. Employees and NPO can terminate a request anytime after approval. To terminate a request, navigate to the leave balances page as shown above and click the link of the request to terminate. Click the "Terminate Request" button.

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### Request to Become a Leave Recipient for

Leave Request Number: 6200-03239

Initiated by: List Pending  
Status: Final Approval by List Historical  
Medical Documentation received by

[Terminate Request](#) | [Extend Request](#) | [Apply Comments](#)

All fields, except 'Alternate Email', are required.

Nature and severity of the medical emergency

Actual Emergency/Event Begin Date (MM/DD/YYYY)

Estimated End Date

Individual affected by medical emergency (Select One)

Self  
 Family Member  
 Family Military Prep  
 Family Military Injury

Select appropriate disclosure information

Do NOT disclose applicant name on agency-wide leave share recipient list.  
 Disclose applicant name on agency-wide leave share recipient list.  
 Disclose applicant name and description of medical/military emergency on agency-wide leave share recipient list.

Provide a description of the medical emergency to be distributed to servicing personnel offices so that other employees may donate annual/restored leave to the applicant.

Emergency

Indicate telephone number where initiator of this request can be reached XXX-XXX-XXXX

Individual selected to provide approval:

Comments (include justification)

Emergency Contact   
Emergency Contact Phone XXX-XXX-XXXX   
Employee Alternate Email

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Comment	Changed By	Changed On
Emergency		07/08/2011 09:37:53
Input Comments here		07/08/2011 09:39:11
Extend Request Needed		07/08/2011 11:35:30
Need to extend request		07/08/2011 11:40:54

2. A yellow dialogue box appears for verification and a notification to add a comment.
  - a. Add a Comment
  - b. Click “Terminate Request (Yes)”
    - i. Note that if “Terminate Request (No)” is clicked, the request status remains as “Final Approval” and is not terminated.

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### Request to Become a Leave Recipient for

Leave Request Number: 6200-03239

Initiated by: List Pending

Status: Final Approval List Historical

Medical Documentation received by

**b** → Are you sure you want to terminate this request?

**NOTE: Comment is REQUIRED for Termination Please enter comment before selecting 'Yes'.**

**All fields, except 'Alternate Email', are required.**

Nature and severity of the medical emergency:

Actual Emergency/Event Begin Date (MM/DD/YYYY):

Estimated End Date:

Select appropriate disclosure information:

Do NOT disclose applicant name on agency-wide leave share recipient list.  
 Disclose applicant name on agency-wide leave share recipient list.  
 Disclose applicant name and description of medical/military emergency on agency-wide leave share recipient list.

Provide a description of the medical emergency to be distributed to servicing personnel offices so that other employees may donate annual/restored leave to the applicant.

Emergency:

Indicate telephone number where initiator of this request can be reached XXX-XXX-XXXX:

Individual affected by medical emergency (Select One):

Self  
 Family Member  
 Family Military Prep  
 Family Military Injury

Individual selected to provide approval:

Emergency Contact:

Emergency Contact Phone XXX-XXX-XXXX:

Employee Alternate Email:

Comments (include justification):

**a** →

3. When “Terminate Request (Yes)” is clicked, the status changes to “Terminated by Initiator/Employee by XXXXX”.

### Request to Become a Leave Recipient for

Leave Request Number: 6200-03239

Initiated by:

**Status: Terminated by Initiator/Employee by XXXXX**

Medical Documentation received by

- The request is now viewable on the “List Historical Leave Request” link from the Leave Balances page.

Id	Employee	Type	Status	Hours (Total)	Pay Period Begin Date	Actual Emergency/Event Begin Date	Est. End Date	Action
6200-03238		LEAVE RECIPIENT	Initiator Withdraw Confirmed	0.0	6/19/2011	6/29/2011	8/29/2011	<a href="#">View</a>
6200-03239		LEAVE RECIPIENT	Terminated by Initiator/Employee	0.0	6/19/2011	6/29/2011	10/29/2011	<a href="#">View</a>

### Special Considerations:

- The request can be withdrawn by the employee/initiator, NPO or the Approver any time prior to approval. After approval, the request must be terminated.
- The employee/initiator does not have the ability to modify the request once submitted (withdraw or apply comments are the only options). If changes are necessary, contact NPO or your Approver.
- Medical documentation must be faxed to the NSSC Payroll office to complete the request and approval process. **NSSC fax number is 1-866-779-6772. For assistance, call the NSSC Customer Contact Center at 1-877-677-2123.**