DOE F 1325.8
(2-92)

United States Government

Department of Energy
Oak Ridge Operations Office

memorandum

DATE: May 23, 2001

REPLY TO
ATTN OF: AD-442:Fowler

SUBJECT: **LEAVE DONATION SOLICITATION FOR MARGARET DYKE**

TO: All ORO, YAO, and OSTI Employees

Margaret Dyke has been approved as a leave recipient under the Voluntary Leave Transfer Program. Ms. Dyke, an Administrative Assistant in the Office of Assistant Manager for Environmental Management, has been diagnosed with a serious illness which will require extensive treatment and follow-up care.

Employees who wish to donate earned annual leave to Ms. Dyke may do so by completing the attached "Leave Donation Form." When completed, it should be given to your time and attendance clerk for forwarding to the Payroll office. Note, if you wish to donate "use or lose" leave, you must indicate on the donation form that the leave is "use or lose."

Your attention is called to the following requirements of the program:

1. Only earned annual leave may be donated which includes any "carryover" hours and any "restored" hours.

2. The maximum annual leave donation by an employee is limited to one half the number of hours the employee will earn in the current leave year. (26-day category - 104 hours; 20-day category - 80 hours; 13-day category - 52 hours)

If you have any questions, please contact your Human Resources Specialist..

For Melanie M. Kent, Chief
Personnel and Management
Analysis Branch

Attachment

Optional Form 630-A
June 1989
U.S. Office of Personnel Management
FPM Chapter 630

Request To Donate Annual Leave To Leave Recipient *(Within Agency)* Under The Leave Transfer Program

I request that annual leave be transferred to the leave account of an approved leave recipient. This recipient is not my immediate supervisor. As of the date indicated below, I have enough annual leave in my account to cover this amount. I understand that if I am projected to forfeit leave during this leave year, the amount of leave I am transferring may not exceed the number of hours remaining in the leave year for which I am scheduled to work. The amount of leave I am transferring also is not more than half the hours I will earn this year.

I understand that my decision to transfer leave is not revocable. If a sufficient balance of unused leave remains after the recipient's medical emergency has terminated, I can elect to have a pro-rated share returned to me during either the current leave year of the following leave year, or I can elect to donate my pro-rated share to another leave recipient. However, to do so, I must remain employed by a Federal agency and be subject to chapter 63 of title 5, U.S.C., on the date the medical emergency terminates.

I have not been directly or indirectly intimidated, threatened or coerced, or promised any benefit by any employee for the purpose of donating or using leave.

Privacy Act Statment

This program is voluntary; however, solicitation of this information is authorized by P.L. 100-566 (October 31, 1988). The information furnished will be used to identify records properly associated with the leave donation. It may also be disclosed to a nation, State, or local law enforcement agency where there is an indication of a violation or potential violation of civil or criminal law, rule, or regulation; or to another agency or court when the Government is party to a suit. Executive Order 9397 (November 22, 1943) authorizes use of the Social Security Number (SSN). Furnishing the Social Security Num-ber, as well as other data, is voluntary, but failure to do so may delay or prevent action on the request to donate leave.

TO BE COMPLETED BY DONOR

1. Name *(Last, First, Middle)*	2. Social Security Number	3. Employee Number
4. Position Title, Pay Plan, and Grade/Pay Level		
5. Name of Organization *(Agency, Department, Office, Division, Branch, etc.)*		
6. Amount of Annual Leave as of End of Last Pay Period	7. Amount of Leave Projected to Forfeit This Leave Year as of End of Last Pay Period	8. Amount of Annual Leave To Be Transferred
9. Individual's Name or Identification Number to Whom Leave is Being Donated		
10. Signature		Date Signed

REPRODUCE LOCALLY