

memorandum

DATE: May 18, 2001

REPLY TO

ATTN OF: AD-442:Fowler

SUBJECT: **LEAVE DONATION SOLICITATION FOR VIOLET SZCZEPKOWKI**

TO: All ORO, YAO, and OSTI Employees

Violet Szczepkowski, Financial Services Division, NNSA Nevada Operations Office, has been approved as a leave recipient under the Voluntary Leave Transfer Program.

Ms. Szczepkowski had two strangulated Ventral Hernias which required emergency surgery and hospitalization. Her recuperation period at home is for an extended period of time due to complications from the surgery.

Employees who wish to donate earned annual leave to Ms. Szczepkowski may do so by completing the "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.



Melanie M. Kent, Chief
Personnel and Management
Analysis Branch

Attachment

DOE F 3630.1
(07-89)
Replaces DOE F (3660.1)

U.S. DEPARTMENT OF ENERGY
LEAVE DONATION

(Submit completed and signed original form to your timekeeper)

Donor's Name *(Last, First, M.I.)*

SSN

Donor's Organization

Recipient's Name

Recipient's Organization

Violet Szczepkowski

DOE Nevada Operations Office

For Non-DOE Recipient, Enter Mailing Address of Recipient's Payroll Office

I hereby authorize the transfer of _____ hours of my annual leave to the above named leave recipient, I certify that I am scheduled to work at least that many hours before the end of the leave year, and that the leave recipient is not my supervisor.

Donor's Signature

Date

Check here to donate restored leave. (If the donation is greater than the amount of restored leave to your credit, the remainder will be deducted from your regular leave account). _____

FOR PAYROLL USE

_____ hours of leave has been deducted from donor's account

Name of Payroll Clerk

FTS Phone No.

Signature of Payroll Clerk

Date

_____ hours of leave has been deducted from donor's account

Name of Payroll Clerk

FTS Phone No.

Signature of Payroll Clerk

Date

Acceptance of this donation is necessary to avoid placing the recipient on leave without pay, and the limitations imposed by 5 CFR 630.908 are therefore waived.

Signature of Payroll Clerk

Date

Privacy Act Statement

5 U.S.C. 6311 authorizes collection of this information. It will be used to transfer leave from your account to the recipient's account in accordance with your instructions on the form. Your social security number is requested solely for the purpose of positively identifying leave donors so that donated leave can be charged to the proper account.