DOE F 1325.8
(2 92)

United States Government

Department of Energy
Oak Ridge Operations Office

memorandum

DATE: September 16, 2002

REPLY TO
ATTN OF: AD-442:Stotelmyer

SUBJECT: **LEAVE DONATION SOLICITATION FOR BARBARA L. POWERS**

TO: All ORO, YSO, and OSTI Employees

Ms. Barbara L. Powers, Program Analyst (Contractor Industrial Relations Officer), Rocky Flats Field Office, has been approved as a leave recipient under the Voluntary Leave Transfer Program. Ms. Powers had open heart surgery on September 4, 2002, to correct a recently discovered birth defect.

Employees who wish to donate earned annual leave to Ms. Powers may do so by completing the "Leave Donation Form" on the reverse side of this announcement. **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 "restored" hours.

2. The maximum annual leave donation by an employee is limited to one half the number of hours the donating 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 should have any questions, please contact your Human Resources Specialist.

Melanie M. Kent

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
Barbara L. Powers	**U.S. Department of Energy** **Rocky Flats Field 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.