

memorandum

DATE: August 28, 2002

REPLY TO

ATTN OF: AD-442:Stotelmyer

SUBJECT: **LEAVE DONATION SOLICITATION FOR GARY D. WALKER**

TO: All ORO, YSO, and OSTI Employees

Mr. Gary D. Walker, National Energy Technology Laboratory, National Petroleum Technology Office, has been approved as a leave recipient under the Voluntary Leave Transfer Program. Mr. Walker's medical emergency has been extended for follow-up care after undergoing an autogous stem cell transplant. Mr. Walker remains severely fatigued and his blood counts have not returned to normal since the transplant on June 2.

Employees who wish to donate earned annual leave to Mr. Walker 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, Chief
Personnel and Management
Analysis Branch

Attachment

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
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Recipient's Name Gary D. Walker	Recipient's Organization DOE, National Energy Technology Laboratory National Petroleum Technology Office
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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.
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_____ Signature of Payroll Clerk _____ Date

_____ hours of leave has been credited to recipient's account.	Name of Payroll Clerk	FTS Phone No.
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_____ 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.

_____ Chief of Payroll _____ 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.