

# memorandum

DATE: December 14, 2001

REPLY TO  
ATTN OF: AD-442:Clifton

SUBJECT: **LEAVE DONATION SOLICITATION**

TO: All ORO, YAO, and OSTI Employees

The following employees continue to be approved leave recipients under the Voluntary Leave Transfer Program:

Margaret Dyke, 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.

Danny Houston, a Systems Accountant in the Oak Ridge Financial Service Center, had open heart surgery for a coronary artery bypass grafting. His health situation is further complicated by diabetes and other conditions which, along with the surgery, will require extensive treatment and follow-up care.

George Malosh, Office of Assistant Manager for Laboratories, has had major surgery and will have an extended period of recuperation.

Deborah L. Nance, Information Program Assistant at the Office of Scientific and Technical Information, has been diagnosed with Rheumatoid Arthritis. She is currently undergoing treatment as this disease continues to be quite aggressive.

Celeste R. Sharp, Administrative Assistant, Office of the Assistant Manager for Environment, Safety, Health, and Emergency Management, has been diagnosed with Fibromyalgia and Chronic Fatigue Syndrome. Additionally, her daughter is having chronic debilitating migraine headaches. This requires frequent medical attention for which Ms. Sharp needs to take her daughter to the physician while her condition is being closely monitored and treated.

Larry Sparks, Office of Safeguards and Security, had neck surgery which will require an extended period of recuperation before he will return to work on a full time basis.

Employee who wish to donate earned leave to these individuals may do so by using the attached OF 630-A, **“Request to Donate Annual Leave to Leave Recipient (Within Agency) Under the Leave Transfer Program”** form. Once completed, this form should be given to your time and attendance assistant for forwarding to the payroll office.

**NOTE:** The last date to donate “use or lose” leave is January 12, 2002. If you wish to donate “use or lose” leave, you must indicate on the donation form that the leave is “use or lose.” The completed form should be sent to the ORO payroll office as early in December as possible. If you have already scheduled the “use or lose” leave you wish to donate, please complete a new SF-71, **Request for Leave or Approved Absence**, as soon as possible.

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

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.