DOE F 1325.8
(2-92)

United States Government **Department of Energy**
Oak Ridge Operations Office

memorandum

DATE: March 12, 2003

REPLY TO
ATTN OF: AD-442:Stotelmyer

SUBJECT: **LEAVE DONATION SOLICITATION FOR SHREEKANT MALVADKAR**

TO: All ORO, YSO, and OSTI Employees

Mr. Shreekant Malvadkar, National Energy Technology Laboratory, has been approved for an extension as a leave recipient under the Voluntary Leave Transfer Program. Mr. Malvadkar is required to undergo additional surgery which requires him to be out of the office for an extended period of time.

Employees who wish to donate earned annual leave to Mr. Malvadkar may do so by completing the "Leave Donation Form" on the reverse side of this announcement. When completed, the form should be given to your time and attendance representative 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 "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
Shreekhant B. Malvadkar	DOE, National Energy Technology Laboratory Office of Systems and Policy Support

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 credited to recipient'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.

_____ 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.

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