

memorandum

DATE: October 17, 2002

REPLY TO

ATTN OF: AD-442:Stotelmyer

SUBJECT: **LEAVE DONATION SOLICITATIONS**

TO: All ORO, YSO, and OSTI Employees

The following employees have been approved as leave recipients under the Voluntary Leave Transfer Program:

- Mr. Shreekant Malvadkar, National Energy Technology Laboratory, underwent additional chemotherapy which may require him to be out of the office for an extended period of time.
- Ms. Laura Miranda, Secretary, Office of Program and Project Management, Chicago Operations Office, has been diagnosed with fibromyalgia (FM), a disorder that causes chronic and widespread muscular pain and stiffness throughout the tissues that support and move bones and joints. She is unable to work during periods of chronic symptoms which may include decreased endurance and exhaustion with severe fatigue at times being a greater problem than pain. The frequency, duration, and/or severity of these occurrences will vary, and they are not predictable. The level of activity, weather, sleep disturbance, and stress are influencing factors. The progression and severity of FM in a particular individual is not predictable, however, it can lead to physical incapacitation if left untreated. There is no known cure for FM at this time.
- Mr. Scot Plum, Facilities Assistant, National Energy Technology Laboratory, was diagnosed with a severe staph infection and underwent emergency surgery. His sick and annual leave balances have been exhausted, and he will be away from his office for an extended period of time to recuperate.
- Ms. Barbara L. Powers, Program Analyst (Contractor Industrial Relations Officer), Rocky Flats Field Office, had open heart surgery on September 4, 2002, to correct a recently discovered birth defect.

Employees who wish to donate earned annual leave may do so by completing the "Leave Donation Form" attached to this announcement. **Please be sure to include the name of the employee to whom you are making a donation in the "Recipient's Name" block on the form.** 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

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 <i>(Last, First, M.I.)</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.