

# memorandum

DATE: July 9, 2004

REPLY TO

ATTN OF: AD-442:Stotelmyer

SUBJECT: **LEAVE DONATION SOLICITATION FOR GLORIA WALACH**

TO: All ORO, YSO, OSTI, and PNSO Employees

Ms. Gloria Walach, Attorney-Advisor, Office of Chief Counsel, Chicago Operations Office, has been approved as a leave recipient under the Voluntary Leave Transfer Program.

Ms. Walach is undergoing chemotherapy because of the spread of bone cancer to her lungs. The duration of the chemotherapy is unknown at this time, however, it is expected to last at least several more months. Ms. Walach has exhausted all her annual and sick leave balances due to previous surgeries, and she has been on leave without pay.

Employees who wish to donate earned annual leave to Ms. Walach 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 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 <b>Gloria Walach</b>	Recipient's Organization Office of Chief Counsel
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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.