

# memorandum

DATE: October 10, 2003

REPLY TO

ATTN OF: AD-442:Stotelmyer

SUBJECT: **LEAVE DONATION SOLICITATION FOR LAURA MIRANDA**

TO: All ORO, YSO, and OSTI Employees

Mr. Laura Miranda, Secretary, Office of Program and Project Management, Chicago Operations Office, has been approved as a leave recipient under the Voluntary Leave Transfer Program. Ms. Miranda has been diagnosed with fibromyalgia, a disorder that causes chronic and widespread muscular pain and stiffness throughout the tissues that support and move bones and joints. Since there is no known cure for this condition, Ms. Miranda will continue to undergo an indefinite, multi-year therapy to control the severity of her symptoms. The treatments, ongoing pain, and doctor visits from this condition have caused Ms. Miranda to exhaust both her earned and donated leave balances.

Employees who wish to donate earned annual leave to Ms. Miranda 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 Laura Miranda	Recipient's Organization Office of Program and Project Management
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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.
_____ 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.