DOE F 1325.8
(2-92)

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

memorandum

DATE: February 17, 2004

REPLY TO
ATTN OF: AD-442:Stotelmyer

SUBJECT: **LEAVE DONATION SOLICITATION FOR RHONDA LINDSEY JACOBS**

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

Ms. Rhonda Lindsey Jacobs, Project Manager, Petroleum Technology Management Division, National Energy Technology Laboratory (NETL), has been approved as a leave recipient under the Voluntary Leave Transfer Program.

Ms. Jacobs has exhausted all her annual and sick leave due to polycystic kidney disease. She is waiting to receive a kidney transplant and will require dialysis therapy. Upon receiving the transplant, Ms. Jacobs will not be able to return to work for at least 6 weeks.

Employees who wish to donate earned annual leave to Ms. Jacobs may do so by completing the "Leave Donation Form" on the reverse side of this announcement. When completed, please forward the form to NETL's Payroll Liaison Officer, Janet Loncharich (MS 921-204), at the Pittsburgh Site. **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

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
Rhonda Lindsey Jacobs	**National Energy Technology Laboratory, Strategic Center for Natural Gas & Oil, Petroleum Technology Management Division**

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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