DOE F 1325.8
(2-92)

United States Government

Department of Energy
Oak Ridge Operations Office

memorandum

DATE: October 25, 2004

REPLY TO
ATTN OF: AD-442:McMillan

SUBJECT: **LEAVE DONATION SOLICITATION FOR CELESTE R. SHARP**

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

Ms. Celeste R. Sharp, an Administrative Assistant in the Technical Support & Assessment Division of the Office of the Assistant Manager for Environment, Safety, and Health, has been approved as a leave recipient under the Voluntary Leave Transfer Program.

Ms. Sharp has been diagnosed with fibromyalgia and chronic fatigue syndrome. She is also experiencing problems with her heart, kidneys, and bladder that requires further testing. Ms. Sharp has exhausted her annual and sick leave balances and has requested donated leave to cover her absences related to her diagnosis.

Employees who wish to donate earned annual leave to Ms. Sharp 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."

You should be aware of the following requirements of the program:

1. Only earned annual leave may be donated including 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).

3. An employee may not donate annual leave to his/her immediate supervisor.

If you should have any questions, please contact your Human Resources Specialist.

Melanie M Kent

Melanie M. Kent, Chief
Federal Human Resources Branch

Attachment

Request to Donate Annual Leave to Leave Recipient Under the Voluntary Leave Transfer Program

Within Agency

I request that annual leave be transferred to the leave account of an approved leave recipient. This recipient is not my immediate supervisor. As of the date indicated below, I have enough annual leave in my account to cover this amount. I understand that if I am projected to forfeit annual leave during this leave year, the amount of leave I am transferring may not exceed the number of hours remaining in the leave year for which I am scheduled to work. The amount of annual leave I am transferring also is not more than half the hours I will earn this year.

I understand that my decision to transfer leave is not revocable. If a sufficient balance of unused leave remains after the recipient's medical emergency has terminated, I can elect to have a pro-rated share returned to me during either the current leave year or the following leave year, or I can elect to donate my pro-rated share to another leave recipient. However, to do so, I must remain employed by a Federal agency and be subject to chapter 63 of title 5, United States Code.

I have not been directly or indirectly intimidated, threatened or coerced, or promised any benefit by any employee for the purpose of donating or using leave.

To Be Completed By Leave Donor

1. Name *(Last, first, middle)*	2. Social Security Number	3. Employee Number
4a. Position title	4b. Pay plan	4c. Grade/pay level
5a. Name of organization (Agency, Department, Office, Division, Branch, etc.)		5b. Office telephone number
6. Amount of annual leave accrued as of end of last pay period	7. Amount of leave projected to forfeit this leave year as of end of last pay period	8. Amount of annual leave to be transferred
9. Individual's name or identification number to whom leave is being donated Celeste R. Sharp, U.S. DOE/ORO, Office of Assistant Manager for Environment, Safety, and Health		
10a. Signature		10b. Date signed

Privacy Act Statement

Participation in this program is voluntary; however; solicitation of this information is authorized under 5 U.S.C 6332. The information furnished will be used to identify records properly associated with the transfer of annual leave. It may also be disclosed to a national, State, or local law enforcement agency where there is an indication of a violation or potential violation of civil or criminal law, rule, or regulation; or to another agency or court when the Government is party to a suit. Public Law 104-134 (April 26,1996) requires that any person doing business with the Federal Government furnish a social security number or tax identification number. This is an amendment to title 31, Section 7701. Furnishing the social security number, as well as other data, is voluntary, but failure to do so may delay or prevent action on the application. If your agency uses the information furnished on this form for purposes other than those indicated above, it may provide you with an additional statement reflecting those purposes.