

Leave Donation Solicitation for Laurel Brletic

Laurel Brletic, a Human Resources Specialist in the Human Resources Division, National Energy Technology Laboratory, has been approved as a leave recipient under the Voluntary Leave Transfer Program.

Ms. Brletic has exhausted all of her sick and annual leave due to surgery, recuperation and chemotherapy treatment for breast cancer. Additional leave will be required for further treatment.

Employees who wish to donate earned annual leave to Ms. Brletic may do so by using the attached Leave Donation form. When completed, please print and sign the form and forward it to Kathy Braden, Payroll Technician, in the Oak Ridge Financial Service Center.

Please keep in mind the following requirements of the program:

1. Only earned annual leave may be donated. This includes any “carryover” hours and any “restored” hours.
2. The maximum annual leave donation by an employee is limited to one half the number of hours the employee will earn in the current leave year.
 - 26 day category - 104 hours
 - 20 day category - 80 hours
 - 13 day category - 52 hours

Donations to Ms. Brletic will be accepted at any time during this medical emergency. She may use this donated leave to cover her absences until she has recovered. Any donated leave remaining in her account when she recovers or leaves the Government will be recredited to the donors in accordance with their pro-rata share of the total leave donated. Since the minimum leave charge is 1 hour, donations must be made in increments of 1 hour or more.

If you have any questions on the voluntary leave transfer program, please contact your Human Resources Specialist.

Attachment:
DOE F 3630.1, Leave Donation

LEAVE DONATION

(Submit completed and signed original form to your timekeeper)

Donor's Name <i>(Last, First, M.I.)</i>	SSN	Donor's Organization
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Recipient's Name Laurel L. Brletic	Recipient's Organization Office of Institutional and Business Operations Human Resources Division
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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 ONLY

____ hours of leave has been deducted from donor's account.	Name of Payroll Clerk	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	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.