

# memorandum

DATE: December 1, 1999

REPLY TO

ATTN OF: AD-442:Fowler

SUBJECT: **LEAVE DONATION SOLICITATION**

TO: All ORO and OSTI Employees

The following employees continue to be approved leave recipients under the Voluntary Leave Transfer Program:

Cheryl A. Nier, Administrative Assistant, Diversity Programs and Employee Concerns, Oak Ridge Operations (ORO), underwent chemotherapy and bone marrow transplant in October 1994, and in June 1996, suffered a heart attack and underwent surgery for blockage. Again, on November 10, 1999, Cheryl underwent surgery. She is on medication for heart problems and is under the care of her heart specialist and may have to undergo heart valve replacement surgery.

Emily G. Schneider, Patent Attorney, Office of the Chief Counsel, ORO, was diagnosed with inoperable lymphoma and underwent extensive chemotherapy. She is still under the care of her doctor and must take time off for follow up visits and tests.

Celeste R. Sharp, Administrative Assistant, Office of the Assistant Manager for Environment, Safety, and Quality, continues to miss a significant amount of time from work due to numerous medical problems. She has undergone two surgeries this past year and is under the care of several specialists. It is anticipated that she will miss more time off from work while her medical conditions are assessed and treated.

The following individuals from other Department of Energy offices continue to be approved leave recipients under the Voluntary Leave Transfer Program:

Leslie A. Bourgeois, Secretary, Acquisition and Sales Division, Strategic Petroleum reserve Project Management Office. Ms. Bourgeois' infant son was diagnosed as having sickle-cell disease and she continues to need donated leave to care for her son.

The daughter of Abigail H. Cleghorn, Assistant Manager for Environmental Programs, Solid Waste Division, Savannah River Operations Office, was involved in an automobile accident on September 24, 199, and requires 24-hour care. Ms. Cleghorn's sick leave account has been depleted and her annual balance is near exhaustion.

Katherine G. Kaney, Assistant Manager for Science and Technology, Savannah River Operations office, has been hospitalized for exploratory laparotomy, salpingectomy and oophorectomy. Ms. Kaney's expected convalescent period will be through January 8, 2000.

Employees who wish to donate earned leave may do so by using the attached "Leave Donation Form." When completed, it should be given to your time and attendance clerk for forwarding to the payroll office.

**NOTE:** The last date to donate "use or lose" leave has not been received, but it is anticipated that the date will be early December. If you wish to donate "use or lose" leave, you must indicate on the donation form that the leave is "use or lose" and based on the anticipated date being early December the completed form should be sent to the ORO payroll office now. If you have already scheduled the "use or lose" leave you wish to donate, please complete a new SF-71 as soon as possible.

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 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).

If you have any questions, please contact your personnel management specialist.

Lois Jago, Chief  
Personnel and Management  
Analysis Branch

Attachments:  
Leave Donation Forms

## Request To Donate Annual Leave To Leave Recipient (*Within Agency*) Under The Leave Transfer Program

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 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 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 of 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, U.S.C., on the date the medical emergency terminates.

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.

### Privacy Act Statement

This program is voluntary; however, solicitation of this information is authorized by P.L. 100-566 (October 31, 1988). The information furnished will be used to identify records properly associated with the leave donation. It may also be disclosed to a nation, 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. Executive Order 9397 (November 22, 1943) authorizes use of the Social Security Number (SSN). Furnishing the Social Security Number, as well as other data, is voluntary, but failure to do so may delay or prevent action on the request to donate leave.

### TO BE COMPLETED BY DONOR

1. Name ( <i>Last, First, Middle</i> )	2. Social Security Number	3. Employee Number
4. Position Title, Pay Plan, and Grade/Pay Level		
5. Name of Organization ( <i>Agency, Department, Office, Division, Branch, etc.</i> )		
6. Amount of Annual Leave 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		
10. Signature		Date Signed

REPRODUCE LOCALLY

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9. Individual's Name or Identification Number to Whom Leave is Being Donated  Emily G. Schneider			
10. Signature		Date Signed	

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9. Individual's Name or Identification Number to Whom Leave is Being Donated  Cheryl A. Nier		
10. Signature		Date Signed

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9. Individual's Name or Identification Number to Whom Leave is Being Donated  Leslie A. Bourgeois, Strategic Petroleum Reserve Project Management Office (SPRPMO)			
10. Signature		Date Signed	

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9. Individual's Name or Identification Number to Whom Leave is Being Donated  Abigail H. Cleghorn, Savannah River Operations Office, AMEP, Solid Waste Div.								
10. Signature						Date Signed		

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9. Individual's Name or Identification Number to Whom Leave is Being Donated  Katherine G. Kaney, Savannah River Operations Office, Asst. Mgr. For Science & Technology			
10. Signature		Date Signed	

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