

# memorandum

DATE: November 1, 2000

REPLY TO  
ATTN OF: AD-442:Stephenson

SUBJECT: **LEAVE DONATION SOLICITATION**

TO: All ORO, NNSA-OR, and OSTI Employees

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

Deborah L. Nance, Information Program Assistant, OSTI, has been diagnosed with Rheumatoid Arthritis. She is currently undergoing treatments, as this disease continues to be quite aggressive.

Cheryl A. Nier, Administrative Assistant, Diversity Programs and Employee Concerns, 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.

Emily G. Schneider, Patent Attorney, Office of 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, Health, and Emergency Management, ORO, has been diagnosed with Fibromyalgia and Chronic Fatigue Syndrome. Ms. Sharp underwent two surgeries last year and is presently under the care of several specialists. Additionally, her daughter is having chronic debilitating migraine headaches. This requires frequent medical attention for which Ms. Sharp needs to take her daughter to the physician while her condition is being closely monitored and treated.

Natasha White, Administrative Assistant, Procurement and Contracts Division, ORO, is attending therapy sessions with her brother. Ms. White's brother was involved in a serious automobile accident from which he obtained multiple injuries. These include a broken neck and back as well as serious head and spinal cord injuries. He is currently a patient at the Patricia Neal Rehabilitation Center where he will have extensive therapy for several months. Ms. White's brother is required to have a family member with him at all times during his therapy sessions.

Employees who wish to donate earned leave, may do so by using the attached OF 630-A, "**Request To Donate Annual Leave To Leave Recipient (Within Agency) Under the Leave Transfer Program**" form. Once completed, this form should be given to your time and attendance assistant for forwarding to the payroll office.

**NOTE:** The last date to donate "use or lose" leave has not been established, but it is anticipated that the date will be early December 2000. 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 2000. The completed form should be sent to the ORO payroll office by the beginning of December 2000. If you have already scheduled the "use or lose" leave you wish to donate, please complete a new SF 71, **Request for Leave Or Approved Absence** form, 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.



Carol Aytes, Acting Chief  
Personnel and Management  
Analysis Branch

Attachment

## 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          |  |   |
| 10. Signature   |  | Date Signed                                 |

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