

Management Instruction

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Annual Leave Sharing Program

This management instruction sets forth the policy guidelines and standard procedures for administering the Annual Leave Sharing Program referenced in *Employee and Labor Relations Manual* (ELM) 512.64.

Policy Guidelines

Annual Leave Sharing Program

The Postal Service Annual Leave Sharing Program (LSP) allows career and transitional postal employees to share leave by donating or receiving earned unused annual leave. This leave may be shared as set forth in the *Employee and Labor Relations Manual*, this management instruction, and national bargaining unit agreements. There are no guarantees as to the number of hours that will be donated to an eligible recipient. Participation in this program is strictly voluntary.

Privacy

Eligible leave recipients waive any right of access provided by law (including the Privacy Act of 1974) to obtain information about leave donors. Except as required for program administration, the Postal Service will keep confidential the names, Social Security numbers, and identities of leave donors; the fact that specific employees have or have not donated leave; and other similar information. The recipient's name and/or a brief description of his or her personal health condition may be disclosed in the notice requesting annual leave donations only if the recipient wishes it to be. Information about the recipient must be disclosed to Postal Service managers, supervisors, and other personnel who need it to perform their duties.

Prohibition to Intimidation

No employee may directly or indirectly intimidate, threaten, or coerce, or attempt to intimidate, threaten, or coerce, any other employee for the purpose of interfering with any right that employee may have with respect to donating, receiving, or using leave under the LSP. For the

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purposes of this policy, the term *intimidate, threaten, or coerce* includes conferring or promising to confer any benefit, or effecting or threatening to effect any reprisal.

Eligibility to Receive Donated Leave

How Eligibility Is Established

To be eligible to receive donated leave, a career or transitional postal employee:

1. Must be incapacitated for available Postal Service duties due to a serious personal health condition, which includes an incapacitating pregnancy. Medical and/or appropriate other documentation may be required.

Note: Conditions that may be the subject of workers' compensation claims, *nonincapacitating* prenatal or postnatal conditions, and the need or desire to care for newborn or adopted children are not qualifying.

2. Must be known or expected to be absent from work 40 hours more than his or her own earned sick leave and/or annual leave balances will cover. This 40 hours of leave without pay (LWOP) need not be consecutive, but must be due to the qualifying health condition.
3. Must request leave recipient eligibility by submitting a completed Form 3970-R, *Request to Receive Donated Leave*, to his or her immediate supervisor for processing and approval. The request may be submitted before sick leave, annual leave, and/or 40 hours of LWOP are exhausted. If the employee is unable to complete or submit the Form 3970-R to request eligibility, the form may be completed or submitted by any other person acting on the employee's behalf.

When Eligibility to Use Donated Leave Begins and Ends

The dates eligibility actually begins and ends are determined as follows:

1. Eligibility begins either when the request is approved, earned unused sick leave and annual leave balances are exhausted, and 40 hours of LWOP are accumulated due to the qualifying health condition; or, on the date the Form 3970-R is date-stamped in the personnel office, whichever is later.
2. If the recipient has been approved for advanced sick leave, he or she has the option of discontinuing use of the approved advance sick leave immediately or waiting until the advance has been used before using any donated leave.

3. Eligibility terminates when the recipient separates from the Postal Service for any reason or returns to his or her normal work schedule and is no longer affected by the qualifying health condition for which the eligibility was established. Use of donated leave is allowed during recovery periods or periods of relapse due to a qualifying health condition, even though the recipient is working intermittently or on a part-time schedule.

Donation of Leave

To Whom May Leave Be Donated

With certain restrictions noted below, career and transitional employees may donate earned annual leave to eligible recipients employed by the Postal Service.

How Much Leave May Be Donated

An individual may donate up to a total of one-half of the hours of annual leave the donor will earn during the current leave year, based on the donor's leave category at the time the leave is being donated.

1. For a part-time flexible employee, the determination is based on the donor's leave category assuming that he or she will have the same leave earnings as a full-time employee with comparable service.
2. For a part-time regular employee, the determination is based on the donor's leave category and limited tour hours at the time the leave is being donated.

Restrictions

The following restrictions apply to annual leave donations:

1. Most bargaining unit national agreements allow employees to donate leave only to employees within a specified geographical area or facility, except for donations to an eligible parent, spouse, or child who is a career or transitional postal employee at any facility.
2. The donor may not donate leave to his or her supervisor.
3. Individual annual leave donations must be for 8 or more whole hours of annual leave that has been earned. Fractions of an hour or amounts less than 8 hours may not be donated.
4. The donor may not reduce or cancel the donation after the Form 3970-T, *Donated Leave Transfer*, has been processed. An employee may donate additional hours to the same recipient by completing an additional Form 3970-D. The restriction of 8 or more whole hours, however, applies to each Form 3970-D submitted.

5. The donor may not donate annual leave that would otherwise be forfeited under applicable leave scheduling and/or by the annual leave carryover limit (i.e., leave in excess of the maximum carryover that the employee would not be permitted to use before the end of the leave year).

Recipient's Use of Donated Leave

When Donated Leave May Be Used

Donated leave may be used:

1. During the leave recipient's eligibility period, and as long as there is a balance of donated leave available.
2. When the recipient would be in a normal pay status except for the incapacitation due to the qualifying health condition.
3. To retroactively replace the 40 hours that is the LWOP requirement to be eligible to receive donated leave.
4. Only after earned annual and sick leave is exhausted. If use of donated leave is requested when the recipient has an earned annual or sick leave balance, leave is charged in the following order: first, earned sick leave; second, earned annual leave; and third, donated leave.

The dates of donated leave may be adjusted to dates immediately following the last day actually worked when the following conditions are met:

1. OPM has approved the employee's application for disability retirement due to his or her qualifying health condition.
2. The employee has not returned to work.
3. Donated leave has been used intermittently between the last day actually worked and OPM's approval of disability retirement.

For example, an employee who has been out of work for the qualifying condition since November 15 and has used donated leave intermittently (e.g., December 1, January 5, February 10) is approved by OPM for disability retirement in March. In such a case, a Form 2240, *Pay, Leave, or Other Hours Adjustment Request*, may be processed to change the December 1, January 5, February 10 absences to November 16, 17, and 18.

Such an adjustment could possibly affect payments for holidays, either positively or negatively.

Note: Donated leave should normally be used as soon as it is available and the employee meets the criteria for use.

How to Use Donated Leave

Use of donated leave is requested by submitting a Form 3971, *Request for or Notification of Absence*, noting "Donated Leave" in the remarks section. If the employee is unable to complete or submit the Form 3971 to request use of donated leave, the form may be completed or submitted by the supervisor or others acting on the employee's behalf.

Standard absence request and approval policies and procedures apply under the Annual Leave Sharing Program, including those listed in ELM 514, *Leave Without Pay*, and ELM 568, *Management-Initiated Disability Retirement Procedures*.

Although requests may be made before 40 hours of LWOP are accumulated; the date eligibility begins is established in accordance with *When Eligibility to Use Donated Leave Begins and Ends* on page 2.

Pay Status for Donated Leave

The period for which an employee uses donated leave is considered to be paid leave status, except that employees do not earn sick leave or annual leave on the donated leave hours used. All mandatory and optional payroll deductions, allotments, and net checks to banks continue.

A donated leave balance appears on the recipient's earnings statement after donations have been successfully transferred. The donated leave balance continues to appear on the earnings statement until there is no longer a balance or the employee separates from the Postal Service.

Disposition of Unused Donated Leave

If all of the leave donated to a recipient is not used, the donated leave:

1. Remains in the recipient's donated leave account and may be used to cover subsequent absences for new periods of donated leave eligibility.
2. Is carried over from one leave year to the next without limit.
3. May not be returned to the donor.
4. May not be donated to another employee.
5. May not be transferred to another governmental agency.
6. May be used to offset negative sick and annual leave balances caused by serious personal health conditions.

7. Is included in the employee's terminal leave check upon separation. Except for separation for death or disability, it is first applied to negative sick leave balances, then to negative annual leave balances, if any, and then to the terminal leave payment. If the recipient separates and then is reemployed with the Postal Service before the period covered by the lump-sum payment for terminal leave expires, unused donated leave must be reccredited to the recipient's account. The employee must refund in full the payment for the overlapping period.

Procedures and Responsibilities

Assigning an LSP Coordinator

- | | | |
|---|-----|--|
| District
HR Manager | ___ | Designate an Annual Leave Sharing Program (LSP) coordinator for all LSP cases in the district. |
| Manager,
Corporate
Personnel | ___ | Designate an Annual Leave Sharing Program (LSP) coordinator for all LSP cases in Postal Service Headquarters and related facilities. |

Establishing Eligibility for a Recipient of Donated Leave

- | | | |
|---|------|---|
| Employee | ___1 | Complete part I of Form 3970-R, <i>Request to Receive Donated Leave</i> . |
| | ___2 | Submit Form 3970-R to your immediate supervisor for processing and approval. The request may be submitted before you have exhausted earned annual leave, sick leave, and/or 40 hours of LWOP, even though you will not be able to use the leave until those requirements are met.

Note: If you are unable to complete or submit the Form 3970-R, any other person may complete or submit it on your behalf. |
| Requesting
Employee's
Supervisor | ___1 | Verify the requesting employee's eligibility. Review <i>Eligibility to Receive Donated Leave</i> on page 2. |
| | ___2 | Complete part II of Form 3970-R and forward the documentation in a sealed envelope marked "Restricted" to the LSP coordinator at the personnel office for processing. |
| LSP Coordinator | ___1 | Establish an individual recipient restricted case file by employee name for each qualifying health condition. The Form 3970-R and a copy of the notice are maintained in this file. (No medical information may be kept in this file.) |

- ___2 Ensure that Form 3970-R is date-stamped. Review and verify the information provided, and complete part III. If additional information is needed from the employee or supervisor, date-stamp the original 3970-R before requesting the additional information to ensure that the beginning eligibility date is properly established.
- ___3 Establish the eligibility date as either the date the Form 3970-R is date-stamped, or the date the recipient meets the eligibility requirements, whichever is later.
- ___4 Establish a LSP case number for the file:

For ...	Use...
Field offices,	<ul style="list-style-type: none"> - The last 2 digits of the current fiscal year. - The recipient's office BA code. - The district code. - A 3-digit serial number beginning with 001 for the first case number issued for that office in the current fiscal year. <p><i>Example:</i> For Baltimore: 03-2D-210-001.</p>
Headquarters and Headquarters field units,	<ul style="list-style-type: none"> - The last 2 digits of the current fiscal year. - The recipient's office BA code. - The first three numbers of the ZIP Code of the personnel office. - A 3-digit serial number beginning with 001 for the first case number issued for that office in the current fiscal year. <p><i>Example:</i> For the Minneapolis ASC: 03-6F-551-001.</p>

- ___5 Establish a second restricted file for each LSP case number for maintenance of donor information. Forms 3970-D are maintained in this file.

Posting the Notice of the Request

- LSPCoordinator** ___1 Prepare the notice, if authorized for release by the employee, requesting annual leave donations. The notice may include only the information authorized for release by the recipient on the Form 3970-R.
- Also include in the notice the LSP case number, where a donor Form 3970-D may be obtained, and the address where completed forms are to be returned. Postings for recipients who are members of bargaining units must include the union representative as a source for the donor form.
- ___2 Distribute the notice for posting in postal installations within the geographical area serviced by the district Human Resources manager or within other jurisdictional areas specified in the applicable national bargaining agreement.
- ___3 Provide a copy of the notice to the local unions and management organizations.

Donating Leave

- Donor** ___1 Complete part I of Form 3970-D, *Request to Donate Leave*, requesting transfer of a specified number of hours of earned unused annual leave to any eligible leave recipient who is not your immediate supervisor.
- ___2 Submit Form 3970-D to your immediate supervisor for processing and approval.
- Donor's Supervisor** ___1 Verify that the designated recipient is not the donor's regular immediate supervisor.
- ___2 Verify compliance with any jurisdictional area limits noted in national bargaining unit agreements when applicable.
- ___3 Verify that the leave being donated does not include any annual leave that otherwise would be forfeited under applicable leave scheduling and carryover limits (i.e., leave in excess of the maximum carryover that the employee would not be permitted to use before the end of the leave year).
- ___4 Complete part II of Form 3970-D and forward the completed form to the LSP coordinator noted on the posted request for donated leave or, if the donor desires to submit it through the union or management association, return it to the donor.

**Recipient's LSP
Coordinator**

- ___1 Date-stamp the Forms 3970-D as they are received and review the forms to ensure that the donors and supervisors have completed and signed the forms.
- ___2 Ensure that each donor is donating to a recipient who is eligible to receive the donation. (See *To Whom May Leave Be Donated* on page 3.)
- ___3 Verify that the recipient is in your jurisdictional area. If the recipient is in your jurisdictional area, complete part III of each Form 3970-D and complete processing as outlined below. If the recipient is not in your jurisdictional area, forward the Form 3970-D to the LSP coordinator in the recipient's location for processing as outlined in this management instruction. That office processes the Form 3970-D and the Form 3070-T. Even though that location's finance office will not have access to the donor's records in DDE, that office can input the transfer of leave.
- ___4 Complete the Forms 3970-T and forward them for processing in a sealed envelope marked "Restricted" to:

U.S. Postal Service Scanning and Imaging Center
PO Box 9000
Sioux Falls SD 57117-9000

Ensure that the recipient eligibility begin date is included on the form.
- ___5 File the Forms 3970-D in a restricted, separate, donor LSP case file identified only by the LSP case number of the recipient and adding the letter "D" to the case number.
- ___6 Notify the donor of any unsuccessful leave transfer or change in amount of annual leave transferred, giving the reason, and complete Part III of form 3970-T.

**Scanning and
Imaging Center
(SIC)**

- ___ Scan and index the Forms 3970-T and send them electronically to the Eagan Accounting Service Center (ASC) Payroll Operations Branch.

Eagan ASC

- ___ Process Forms 3970-T in the DDE/DR application, deducting the annual leave hours from the donor's earned annual leave and crediting the recipient's donated leave account as specified in the Form 3870-T.

Using Donated Leave

- Recipient**
- ___1 Pursuant to standard attendance policies, complete Form 3971, *Request for or Notification of Absence*, noting “Donated Leave” in the remarks section.
 - ___2 Submit Form 3971 to your immediate supervisor for processing and approval.
 - ___3 In order to use donated leave to replace the 40-hour LWOP eligibility requirement, follow the normal leave adjustment procedure. (Complete Form 2240 and submit it to your supervisor.)
Note: If you are unable to complete or submit the information, your supervisor or any other person may complete or submit it on your behalf.
- Recipient’s Supervisor**
- ___1 Approve the request applying standard approval policies, including those in ELM 514, *Leave Without Pay*, and ELM 568, *Management-Initiated Disability Retirement Procedures*.
Note: Although requests for establishing eligibility may be made before 40 hours of LWOP are accumulated, the date eligibility to use donated leave begins is established in accordance with *When Eligibility to Use Donated Leave Begins and Ends* on page 2.
 - ___2 Process requests to replace the 40-hour LWOP eligibility requirement through the normal leave adjustment procedures (Form 2240).
- Recipient’s Timekeeper**
- ___ Pursuant to standard timekeeping policies, process the Form 3971 on which recipients have requested use of donated leave (code 46). If a need arises to verify the employee’s sick, annual, or donated leave balance, contact the local DDE site. Leave balance is listed in DDE on segment A, page 2, of the OLQ (U01A), and donation information on page 4.
- Eagan ASC**
- ___1 When advised by the LSP coordinator on Form 3970-T, cancel previous transactions that were processed after the leave recipient eligibility period.
 - ___2 Process any leave adjustments required during the recipient’s eligibility period, including requests to replace the 40-hour LWOP eligibility requirement with donated leave.

Terminating Leave Donation

- Recipient and/or Recipient's Supervisor** ___ Notify the LSP coordinator of return to work or of any change in eligibility or factors affecting it.
- LSP Coordinator** ___1 Withdraw bulletin board notices requesting annual leave donations and deactivate the LSP case files.
- ___2 Note the recipient's eligibility end date on the Form 3970-R.
- ___3 Notify the SIC of the end date by preparing a Form 3970-T with the recipient's name, Social Security number, and termination date, and forwarding the completed form to the SIC. SIC will scan and forward the form to Eagan ASC for processing and adjustment, if necessary.
- ___4 Return to donors any Forms 3970-D received after the end date with a brief explanation of why the recipient is no longer eligible to receive donated leave. When the personnel office is notified late of the recipient's termination date of eligibility, ensure that Finance is immediately notified to cancel any donation transactions date-stamped after the termination date and recredit the donors.
- ___5 Store recipient and donor LSP case files for 3 years following the recipient's eligibility end date.

Refunding Payment for Unused Donated Leave When Reemployed Before Terminal Leave Expires

- Employee** ___ If you separate and then are reemployed with the Postal Service before the period covered by your terminal leave expires, refund in full the payment for the overlapping period. Such unused donated leave is recredited to the recipient's account.
- Employing Personnel Office** ___ Review the terminal leave worksheet in the employee's official personnel folder (OPF) to determine (1) the period for terminal annual leave (if any) and (2) the period for terminal donated leave. This provides the total period covered by both payments. Then determine the overlapping period based on the effective date of reemployment or reinstatement. Credit any period that overlaps with donated or annual leave to that account.

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Leave Sharing Program
Request to Donate Leave

This is a three part form. Part I must be completed and signed by the donor. The donor retains the bottom portion for his or her records. After completion of Part I, it must be submitted to the donor's immediate supervisor for completion of Part II. After Parts I and II have been completed, this form must be submitted to the Processing Personnel Office for completion of Part III.

Part I - Initial Request *(To be completed by Donor)*

I certify that I am a career postal employee and wish to donate a portion (minimum of 8 hours) of my **earned/unused** annual leave to:

LSP Case No.	Recipient's Name <i>(If available)</i>	Amount of Donation <i>(In whole hours)</i>
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Mailing Address of Recipient's Personnel Office

I understand that the total amount of my donations for the leave year may not exceed half of the amount of annual leave that I earn each year based on my leave category at the time of the donation, and does not include leave in excess of the maximum carryover that I would not be permitted to use before the end of the leave year. I cannot cancel this donation and no part of it will ever be recredited to me once deducted from my annual leave account.

Donor's Name <i>(First, M.I., Last)</i>	Donor's Social Security No.
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Donor's Home Address

Signature of Donor	Date Signed
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PS Form **3970-D**, November 1991 *(Front)*

Donor - Remove Bottom Portion Before Forwarding to Supervisor

Donor - Retain for Your Records



Leave Sharing Program
Request to Donate Leave

LSP Case No.	Recipient's Name <i>(If available)</i>
Amount of Donation <i>(In whole hours)</i>	Date Submitted

Detached From PS Form **3970-D**, November 1991

Part II - Approval *(To be completed by Donor's Immediate Supervisor)*

I am **not** the designated recipient listed in Part I and the amount of leave that the above donor wishes to donate does not include any annual leave hours subject to forfeiture (leave in excess of the maximum carryover which the employee would not be permitted to use before the end of the leave year).

Eligible

Not Eligible (Give Reason) _____

Signature and Title of Supervisor

Date Signed

Part III - Eligibility Approval *(To be completed by Processing Personnel Office)*

I have reviewed Parts I and II, and based on the information provided and a review through On-Line Query (OLQ) U01A, the recipient is eligible to receive donated leave.

Signature of Human Resources Director or Designee

Date Signed

Remarks and/or Changes



Leave Sharing Program Request to Receive Donated Leave

This is a three part form. Part I must be completed and signed by the applicant or individual applying on behalf of the applicant. After completion of Part I, it must be submitted to the applicant's supervisor for completion of Part II. After Parts I and II have been completed, this form must be submitted to the Processing Personnel Office for completion of Part III.

Part I - Initial Request (To be completed by Applicant)

I hereby request that I be allowed to receive donated leave under the Postal Service Leave Sharing Program. I certify that (1) I am a career postal employee; (2) I am unable (or expect to be unable) to perform available postal duties due to a serious personal health condition that is not job related; (3) I have been authorized to be absent from work due to this health condition; (4) I do not have sufficient earned annual and sick leave to cover this absence; and (5) my absence because of this health condition will result in the accumulation of 80 or more hours of leave without pay in addition to depletion of my earned annual and sick leave balances.

Applicant's Name (First, M.I., Last)		Social Security No.
Position Title	Employing Office	
Earned/Unused Leave Balances at End of Last Pay Period Annual _____ Sick _____	Leave Without Pay (LWOP) Hours Used for This Personal Health Condition	

If Applying on Behalf of Applicant Provide:

Name	Relationship	Phone Number (Include Area Code)
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If approved, and you authorize for release, a notice will be posted requesting voluntary donations of annual leave from other career employees.

Applicant Must Check Only **One** of the Following Four Options

- Applicant authorizes that his or her **name, position, office, and a description of the health condition** be advertised in the notice. Provide the description to be released below:

- Applicant does **not** authorize a description of the health condition be advertised in the notice. (Only his or her **name, position, and office** will be published.)
- Applicant does **not** authorize that his or her name and a description of the health condition be advertised in the notice. (**Position** and **office** will be published.)
- Applicant does **not** want any notice posted requesting voluntary donations of annual leave as he or she has personal knowledge of interested donors and will notify the donors when recipient eligibility is established.

I am aware of the Postal Service policy to protect the voluntary nature of donations by keeping confidential the identities of leave donors. By submitting this application, I hereby waive any right of access provided by law (including the Privacy Act of 1974, 5 USC 552a) to information or records concerning the persons who donate leave for my use in response to this application. I understand that there are no guarantees as to the number of hours of donated leave provided, as participation in this program is strictly voluntary.

Signature of Applicant or Individual Applying on Behalf of Applicant	Date Signed
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Part II - Approval (To be completed by Applicant's Supervisor)

I certify that (1) the applicant has documented a serious personal health condition and the need for extended absence because of such condition; (2) the applicant has been and/or will be granted approved absence due to this health problem; (3) the health condition is **not** job related; and (4) the employee has or is expected to accumulate 80 or more hours of leave without pay due to this condition in addition to the depletion of his or her earned annual and sick leave balances.

Approved

Disapproved (Give reason) _____

Signature and Title of Supervisor

Date Signed

Date the applicant accumulated (or will accumulate) 80 hours of LWOP due to this personal health condition _____

Part III - Eligibility Approval (To be completed by Processing Personnel Office)

I have reviewed Parts I and II, and based on the information provided and a review through On-Line Query (OLQ) U01A, the applicant is eligible to receive donated leave.

Signature of Human Resources Director or Designee

Date Signed

LSP Case No.

Leave Recipient Eligibility Begin Date

Leave Recipient Eligibility End Date

Privacy Act Statement: The collection of this information is authorized by 39 USC 401, 1003 and 5 USC 8339. This information will be used to grant or deny your request to receive donated leave. As a routine use, this information may be disclosed to an appropriate government agency, domestic or foreign, for law enforcement purposes; where pertinent, in a legal proceeding to which the USPS is a party or has an interest; to a government agency in order to obtain information relevant to a USPS decision concerning employment, security clearances, contracts, licenses, grants, permits or other benefits; to a government agency upon its request when relevant to its decision concerning employment, security clearances, security or suitability investigations, contracts, licenses, grants or other benefits; to a congressional office at your request; to an expert, consultant, or other person under contract with the USPS to fulfill an agency function; to the Federal Records Center for storage; to the Office of Management and Budget for review of private relief legislation; to an independent certified public accountant during an official audit of USPS finances; to an investigator, administrative judge or complaints examiner appointed by the Equal Employment Opportunity Commission for investigation of a formal EEO complaint under 29 CFR 1613; to the Merit Systems Protection Board or Office of Special Counsel for proceedings or investigations involving personnel practices and other matters within their jurisdiction; to a labor organization as required by the National Labor Relations Act; to

agencies having taxing authority for taxing purposes; to financial organizations receiving allotments; to State Employment Security Agencies to process unemployment compensation claims; to a Federal or state agency providing parent locator service or to other authorized persons as defined by Public Law 93-647; to the National Association of Postal Supervisors that relates to postal supervisors; to the Office of Personnel Management, Social Security Administration, Veterans Administration, Office of Workers' Compensation Programs, health insurance carriers, or plans or other program management agencies or retirement systems for use in determining a claim for benefits; and to OPM for its active employee/annuitant data systems used to analyze Federal Retirement and insurance costs. Completion of this form is voluntary; however, if this information is not provided, you may be denied permission to participate in the Leave Sharing Program.

Computer Matching: Limited information may be disclosed to a Federal, state, or local government administering benefits or other programs pursuant to statute for the purpose of conducting computer matching programs under the Act. These programs include, but are not limited to, matches performed to verify an individual's initial or continuing eligibility for, indebtedness to, or compliance with requirements of a benefit program.



Leave Sharing Program
Donated Leave Transfer

For Use by Personnel and Finance Offices Only.

Part I - Personnel Office		
Initiated By (First, M.I., Last)	Date	
Recipient's Name (First, M.I., Last)	Recipient's Social Security No.	
Donor's Name (First, M.I., Last)	Donor's Social Security No.	
Amount of Donation (In whole hours)	Recipient Eligibility Begin Date	Recipient Eligibility End Date

Forward to Finance Office Under Restricted Cover.

Part II - Finance Office

- Donation Successfully Transferred
- Invalid Donor
- Donation Reduced to _____ Hours Due to:
 - Exceeding Maximum Amount Allowed
 - Insufficient Amount of Earned Annual Leave
- Other:

Signature of Adjustment Clerk	Date Signed
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When Completed Return to Personnel Office Under Restricted Cover.

Part III - Personnel Office

Form 3970-D, *Request to Donate Leave*, has been annotated with appropriate remarks and/or changes. Donor has been notified of any changes to Form 3970-D.

Signature	Date Signed
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File Completed Form in DDE Input Audit File.