

LEAVE BANK PROGRAM APPLICATION FOR MEMBERSHIP OR DONATION

INSTRUCTIONS: Use this form to join the program, request the transfer of accrued annual leave to the leave bank, or to a designated recipient under 5 CFR Part 630, Section 630.1001. After completing the form, sign, and forward the form to Leave Bank Coordinator (LBC). The instructions on how to submit the form is explained in Part C. of this form.

PART A. TO BE COMPLETED BY APPLICANT (Membership) OR DONOR

1. Name of Applicant or Donor: (Last, First, MI)

| | | |
|-----------------------------------|----------------------|---|
| 2. Position/Title: | 3. Series and Grade: | 4. Organization: (Program, Division/District, Branch/Circuit) |
| 5. Office Location/Establishment: | | 6. Work Phone: (123) 456-7890 numbers only |

Donor Limitations: Please review the information below. Full-time employees may not transfer more than 1/2 of the annual leave earned during this leave year unless a waiver is approved by the Leave Bank Board.

If you will be employed full-time by the federal government for the full calendar year, the limits are as follows:

- 52 hours for employees in the 4-hour leave earning category,
- 80 hours for employees in the 6-hour leave earning category, or
- 104 hours for employees in the 8-hour leave earning category.

If you are a part-time employee, you may compute your transfer limit using the formula below:

Limit for part-time employee = 13 X $\frac{\text{Duty Hours in Pay Period}}{80}$ X Leave Earning Category

| | | |
|--|--|-----------------------------------|
| 7. Type of Leave Donated: <input type="checkbox"/> Earned <input type="checkbox"/> Restored <input type="checkbox"/> Excess | 8. Type of Contribution: <input type="checkbox"/> Membership Contribution (Applicant) <input type="checkbox"/> Gift (Donor) | 9. Number of Leave Hours Donated: |
|--|--|-----------------------------------|

10. Reason for Requesting a Waiver from the Minimum Contribution Requirement:

Certification of Voluntary Contribution: I certify that I am making this contribution entirely of my own free will and that no attempts have been made to coerce me to donate this leave. I understand that I have no right under any circumstances (including a medical emergency of my own) to have this donated leave restored.

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| 11. Designated Recipient: (Optional) | 12. Signature of Applicant or Donor: | 13. Date: (mm/dd/yyyy) |
|--------------------------------------|--------------------------------------|------------------------|

PART B. AGENCY REVIEW AND DECISION (To be completed by the Office of Human Resources)

| | | |
|---------------------------------------|--|---|
| 14. Current Annual Leave Balance: | 15. Application Status: <input type="checkbox"/> Approved 1/ <input type="checkbox"/> Disapproved | 16. Reason for Disapproval: |
| 17. Leave Bank Coordinator Signature: | 18. Date: (mm/dd/yyyy) | 19. LBC Work Phone: (123) 456-7890 numbers only |

PART C. APPLICATION SUBMISSION

20. Submit the completed application to the LBP at: LeaveBankProgram@usda.gov with the subject 'LBP Member/Donor Application'.

PRIVACY ACT STATEMENT

U.S.C 6311 authorizes collection of this information. Your personal identifiable information is requested solely for the purposes of positively identifying leave donors so that donated leave can be deducted from the proper account. Although the disclosure of this information is voluntary, failure to furnish this information may result in disapproval of this application.

1/ This application meets all criteria required for annual leave contribution by law, regulation and agency policy. (The donor will be advised by a Leave Bank Coordinator as to when this contribution will be deducted.)

The U.S. Department of Agriculture (USDA) prohibits discrimination in all its programs and activities on the basis of race, color, national origin, age, disability, and where applicable, sex, marital status, familial status, parental status, religion, political beliefs, reprisal, or because all or part of an individual's income is derived from any public assistance program. (Not all prohibited bases apply to all programs.) Persons with disabilities who require alternative means for communication of program information (Braille, large print, audiotape, etc.) should contact USDA's TARGET Center at (202) 720-2600 (voice and TDD). To file a complaint of discrimination, write to USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, or call (800) 795-3272 (voice) or (202) 720-6382 (TDD). USDA is an equal opportunity provider, employer, and lender.

Instructions to Become a Member or Donate to the Leave Bank Program/Recipient

To Become a Member of the Leave Bank Program (LBP):

You must be a full-time or part-time FSIS employee eligible to earn and use leave. Intermittent employees are ineligible for the LBP.

Part A. - To Be Completed by Applicant:

1. **Name of Applicant: (Last, First, MI):** Enter your full name. Do not use nicknames.
2. **Position/Title:** Enter your Position Title (Eg., Food Inspector, Consumer Safety Inspector, Human Resource Specialist, etc.).
3. **Series and Grade:** Enter your Series and Grade (Eg., GS-201-12, GS-701-11, etc.).
4. **Organization: (Program, Division/District, Branch/Circuit):** Enter your Organization (Eg., Office of Field Operations/Alameda District/Oakland Circuit, Office of Employee Experience and Development/OEDB, etc.).
5. **Office Location/Establishment:** Enter your office location or establishment (City and State).
6. **Work Phone:** Enter your work phone. Leave blank if you do not have a work phone number.
7. **Type of Leave Donated:** Select the type of Annual leave you are contributing.
 - a. **Earned:** Annual leave that is in your current balance.
 - b. **Restored:** Annual leave that was restored previously because you had an excess amount of leave during a previous leave year.
 - c. **Excess:** Use or Lose leave for the current leave year.
8. **Type of Contribution:** Select the 'Membership Contribution' check box.
9. **Number of Leave Hours Donated:** Enter the number of Annual leave hours you are contributing. The minimum contribution is described in the annual FSIS Open Enrollment Notice and is based on annual leave earnings category at the time of application. Employees may donate more than the minimum amount annual leave. If you do not have sufficient annual leave to make the minimum contribution because you are currently a recipient under one of the leave share programs, or you have exhausted your annual leave due to a personal or family-related medical emergency, indicate 'Waiver Requested'.
10. **Reason(s) for Requesting a Waiver from the Minimum Contribution Requirement:** Indicate the reason(s), if applicable.
11. **Designated Recipient: (Optional)** - Leave blank. Reserved for contributions to an approved recipient.
12. **Signature of Applicant:** Sign electronically using your LincPass or print and sign.
13. **Date:** Enter date the form was signed.

Part B. - Agency Review and Decision: Leave blank. To be Completed by the Office of Human Resources.

Part C. - Application Submission:

20. **Submit the completed application to the LBP at:** LeaveBankProgram@usda.gov with the subject 'LBP Member/Donor Application'. **Note:** Your supervisor does not need to review or approve your membership form.

To Contribute to the Leave Bank or to an Approved Recipient:

Part A. - To Be Completed by the Donor:

1. **Name of Donor: (Last, First, MI):** Enter your full name. Do not use nicknames.
2. **Position/Title:** Enter your Position Title (Eg., Food Inspector, Consumer Safety Inspector, Human Resource Specialist, etc.).
3. **Series and Grade:** Enter your Series and Grade (Eg., GS-201-12, GS-701-11, etc.).
4. **Organization: (Program, Division/District, Branch/Circuit)** - Enter your Organization (Eg., Office of Field Operations/Alameda District/Oakland Circuit, Office of Employee Experience and Development/OEDB, etc.).
5. **Office Location/Establishment:** Enter your office location or establishment (City and State).
6. **Work Phone:** Enter your work phone. Leave blank if you do not have a work phone number.
7. **Type of Leave Donated:** Select the type of Annual leave you are contributing.
 - a. **Earned:** Annual leave that is in your current balance.
 - b. **Restored:** Annual leave that was restored previously because you had an excess amount of leave during a previous leave year.
 - c. **Excess:** Use or Lose leave for the current leave year.
8. **Type of Contribution:** Select the 'Gift' check box.
9. **Number of Leave Hours Donated:** Enter the total number of hours you are contributing.
10. **Reason(s) for Requesting a Waiver from the Minimum Contribution Requirement:** Not applicable for donors; leave this field blank.
11. **Designated Recipient: (Optional)** - Enter the name of the approved recipient to whom you wish to donate. If you only wish to donate to the bank, leave this field blank.
12. **Signature of Donor:** Sign electronically using your LincPass or print and sign.
13. **Date:** Enter date the form was signed.

Part B. - Agency Review and Decision: Leave blank. To be Completed by the Office of Human Resources.

Part C. - Application Submission:

20. **Submit the completed form to:** LeaveBankProgram@usda.gov at any time during the leave year.