| This form is available electronically. | | | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|--------------------|------------------------------------------------|------------------------------------|--|
| FFAS-1043 | | | FC | OR PERSONNEL USE ONLY: | |
| (11-29-07) FFAS LEAVE BANK PF | ROGRAM - MEMBERSHIP | P APPLICATIO | N | | |
| INSTRUCTIONS: Use this form to request the transfer of earned annual leave to the leave bank under 5 CFR Part 630, Section 630.1001. After completion, sign and forward to Leave Bank Coordinator (<i>LBC</i>). | | | | | |
| Part A - Completed by Donor | | | | | |
| 1. NAME OF DONOR (Last, First, Middle Initial) 2. SOCIAL SECURITY NUMBER (last 4 digits) | | | | | |
| | | | | | |
| 3. POSITION TITLE | 4. SERIES, GRADE, PAY LE | EVEL 5. ORGANIZ | ATIONAL TITLE (| Agency, Division, Branch, Section) | |
| | | | | | |
| 6. OFFICE LOCATION AND STOP CODE | | | 7. OFFICE TELEPHONE NUMBER (Include Area code) | | |
| | | | | | |
| 8. NAME OF TIMEKEEPER | 9. TIMEKEEPER TELEPHONE NU | JMBER 10. TIN | 10. TIMEKEEPER FAX NUMBER (Include Area code) | | |
| (Include Area code) | | | | | |
| | | | | | |
| 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. | | | | | |
| 78 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 Duty hours in Pay Period X leave earning category | | | | | |
| | 80 | A | | | |
| | | | | | |
| 11. TYPE OF ANNUAL LEAVE DONATED (C | Check One) 12. TYPE OF CONT | RIBUTION | | 13. NUMBER OF HOURS DONATED | |
| EARNED RESTORED EXCESS MEMBERSHIP CONTRIBUTION GIFT | | | | | |
| 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. | | | | | |
| 14. SIGNATURE OF DONOR | | | 15. | DATE (MM-DD-YYYY) | |
| | | | | | |
| Part B - Agency Review and Approval | | | | | |
| 16. CURRENT ANNUAL 17. APPLICATION STATUS 18. F LEAVE BALANCE 17. APPLICATION STATUS 18. F | | | REASON FOR DISAPPROVAL | | |
| | | | | | |
| | PPROVED <u>1/</u> DISAPPE | | | | |
| 19. SIGNATURE OF LEAVE BANK COORDIN | NATOR (LBC) | 20. DATE <i>(N</i> | /M-DD-YYYY) | 21. TELEPHONE NUMBER OF LBC | |
| | | | | | |
| Part C- Application Submission (After submitting please call Leave Bank Coordinator to verify application was received) | | | | | |
| 22. FAX Number (202) 205-9140 | | | | | |
| Attn: Leave Bank Coordinator | | | | | |
| FFAS HRD Employee Programs Branch | | | | | |
| PRIVACY ACT STATEMENT | | | | | |
| U.S.C 6311 authorizes collection of this information. Your social security number 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 appual leave contribution by law regulation and agency policy. (The donor will be advised by a Leave Bank | | | | | |

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, sexual orientation, genetic information, 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 and employer.