

UNITED STATES DEPARTMENT OF AGRICULTURE

Farm Service Agency
100 USDA, Suite 102
Stillwater, OK 74074-2653

OK Notice PM-1381

For: County Offices

Leave Transfer Opportunity

Approved by: State Executive Director



1 Overview

A

Background

Robin Scott, temporary Program Technician in Pontotoc County, has made application as recipient under the leave transfer program personal medical emergency and has been approved.

B

Purpose

This notice informs county employees of an opportunity to transfer annual leave under the leave sharing program.

Disposal Date

October 1, 2003

08-08-03

Distribution

County Offices

2 Medical Condition

A

Statement

Ms. Scott has authorized the following statement to be released: "I am an employee of USDA, Farm Service Agency in Ada. I began employment with this Agency on July 1, 2002. I have had diabetes among other health issues related to diabetes. Two weeks ago, I was hospitalized for five days with near kidney failure and shutdown stemming from an infection in my bladder, kidneys, and blood. I have exhausted all of my annual and sick leave and am asking for a little help from my fellow workers with some leave time to get through this time in my life. Any consideration would be greatly appreciated."

3 Action

A

**County Employee
Action**

Employees electing to donate annual leave may complete Exhibit 1. Requirements of 17-PM (Rev. 2), Part 10 apply. Donations may be effective PP 16. Upon completion of the form, fax it to the State Office, Attn: Jan Courtright.

LEAVE TRANSFER PROGRAM - DONOR APPLICATION

FOR PERSONNEL USE ONLY:

CASE NUMBER

OK-40-123-01

INSTRUCTIONS: Use this form to request the transfer of earned annual leave to an approved leave recipient under P.L. 100-566. You may not transfer leave to your immediate supervisor. After completion, forward it to the office in your agency designated to approve leave donations.

PART I - COMPLETED BY DONOR

1. NAME OF DONOR (<i>Last, First, Middle Initial</i>)		2. POSITION TITLE	
3. SOCIAL SECURITY NUMBER	4. SERIES, GRADE, OR PAY LEVEL	5. ORGANIZATIONAL TITLE (<i>Agency, Division, Branch Section</i>)	
6. OFFICE ADDRESS			7. OFFICE TELEPHONE NO.
8. NAME OF TIMEKEEPER Jan Courtright	9. TELEPHONE NO. OF TIMEKEEPER 405 742 1142	10. OFFICE ADDRESS OF TIMEKEEPER 100 USDA Suite 102 Stillwater, OK	

INSTRUCTIONS: Please review the information below. You may not transfer more than 1/2 of the annual leave you will earn during this calendar year unless a waiver is approved. To request a waiver, you must attach a statement as to why your situation is unusual.

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 or if you will not be employed for the full calendar year, you may compute your transfer limit using the appropriate formula below:

- Limit for part-time employee = **13 X** $\frac{\text{Duty hours in Pay Period}}{80}$ X leave earning category
- Limit for part-year employee = $\frac{\text{Number of Pay Periods to be worked}}{2}$ X leave earning category

11. NUMBER OF HOURS OF ANNUAL LEAVE TO BE TRANSFERRED	12. NAME OF RECIPIENT Robin Scott	13. CASE NUMBER OK-40-123-01	14. SOCIAL SECURITY NUMBER OF RECIPIENT (<i>if known</i>)
15. ORGANIZATIONAL LOCATION OF RECIPIENT (<i>Agency, Division, Branch, Section</i>) USDA-FSA-Pontotoc County		16. OFFICE ADDRESS OF RECIPIENT Ada OK	
17. NAME OF LEAVE SHARE COORDINATOR Jan Courtright	18. TELEPHONE NO. OF LEAVE SHARE COORDINATOR 405 742 1142	19. OFFICE ADDRESS OF LEAVE SHARE COORDINATOR Same as box 10	

CERTIFICATION OF VOLUNTARY DONATION: *I certify that I am making this donation entirely of my own free will and that no attempts have been made to coerce me to donate annual leave. I understand that except for any leave unused by the recipient, I have no right under my circumstances (including a medical emergency of my own) to have any of the donated leave restored.*

SIGNATURE OF DONOR	DATE
--------------------	------

PART II - AGENCY REVIEW AND APPROVAL

1. CURRENT ANNUAL LEAVE BALANCE (<i>in hours</i>)	AS OF PAY PERIOD NUMBER	2. ANNUAL LEAVE CATEGORY PER PAY PERIOD
---	-------------------------	---

APPLICATION APPROVED:

YES (This application meets all criteria required for annual leave transfer by law, regulation and Department policy. Transferred leave may be credited to the recipient's account effective Pay Period Number): _____

NO (*state reason for disapproval*): _____

SIGNATURE OF APPROVING OR DISAPPROVING OFFICIAL	TITLE	OFFICE TELEPHONE NO.	DATE
---	-------	----------------------	------

PRIVACY ACT STATEMENT

§ U.S.C. 6311 authorizes collection of this information. Your social security number is requested solely for the purpose 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.