UNITED STATES DEPARTMENT OF AGRICULTURE
Farm Service Agency
Room 3416, 700 West Capitol Avenue
Little Rock, Arkansas 72201

AR NOTICE PM-465

For: All FSA County Offices

Leave Transfer Program

Approved by: State Executive Director

1 Overview

A Purpose

The purpose of this notice is to transmit information regarding out-of-state Leave Transfer Recipients.

B Contact

If you need additional information or need help, please contact Barbara Dehnert at (501) 301-3019 or email Barbara.Dehnert@ar.usda.gov

2 Action

A County Office Action

Post the information on the bulletin board or other prominent place in the office. Please note there is one CO Leave Share Recipients.

B Donor Action

The donor shall:

- complete AD-1043 to donate leave
- provide AD-1043 to First Line Supervisor (normal leave Approving Official) for approval.

Note: GS employees cannot donate to CO employees and vice versa.

Disposal Date	Distribution
December 12, 2003	All Offices

C Timekeeper

The timekeeper shall:

- forward AD-1043 to person listed in original notice
- provide copy of AD-1043 to donor's T&A clerk
- provide copy of AD-1043 to Administrative Division, Attn: Barbara Dehnert.

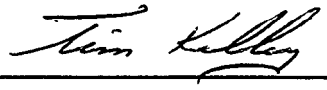
UNITED STATES DEPARTMENT OF AGRICULTURE
Farm Service Agency
Missouri State Office
601 Business Loop 70 W. Suite 225
Columbia, Missouri 65203

MO NOTICE PM-117

For: Non-Federal County Employees

REQUEST FOR DONATED LEAVE FOR A NON-FEDERAL EMPLOYEE

Approved by: State Executive Director



1 Overview

A Background

Handbook 17-PM, Part 10, allows non-Federal county employees to transfer leave to other non-Federal employees with medical or family emergencies whose leave has been exhausted.

B Purpose

To request donated leave for a non-Federal County Office employee, and to establish instructions for donors.

2 Employees Statement

Marie Smith, CED in Lewis County:
I was diagnosed with recurrent Non-Hoskins Lymphoma in 2/03. I have undergone chemo treatments including radiation treatments since then. CT scans, Dr.'s appointments and chemo treatments will continue indefinitely (along with unplanned hospitalizations). I have exhausted all my sick and annual leave and would sincerely appreciate donations. Thank You.

3 County Office Action

Employees wishing to donate leave should follow procedure in 17-PM, par. 240.

Continued on next page

Disposal: November 1, 2003	Distribution: Regular

3
Action, Continued

Additional instructions are as follows:

A Complete the Attached AD-1043.

- Compete Part I
- Complete blocks 1 & 2 of Part II. Use annual leave balance and pay period as of the end of pay period prior to completions of AD-1043. Leave Application Approved block, blank for completion at State Office.

B SED shall approve all CO employee's AD-1043, including CED

- Fax all CO employee's AD-1043 to STO, Attn: Mary Stubbs, (Fax 573-876-0935).
- State Office will notify donor's timekeeper when application is approved.

C Do NOT deduct donated leave from donor's leave account until notified by State Office.

LEAVE TRANSFER PROGRAM - DONOR APPLICATION

FOR PERSONNEL USE ONLY:
CASE NUMBER
MO-111-01

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 *(Last, First, Middle Initial)*		2. POSITION TITLE
3. SOCIAL SECURITY NUMBER	4. SERIES, GRADE, OR PAY LEVEL	5. ORGANIZATIONAL TITLE *(Agency, Division, Branch Section)*
6. OFFICE ADDRESS		7. OFFICE TELEPHONE NO.
8. NAME OF TIMEKEEPER	9. TELEPHONE NO. OF TIMEKEEPER	10. OFFICE ADDRESS OF TIMEKEEPER

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	13. CASE NUMBER	14. SOCIAL SECURITY NUMBER OF RECIPIENT *(if known)*
	Marie Smith	MO-111-01	

ORGANIZATIONAL LOCATION OF RECIPIENT *(Agency, Division, Branch, Section)*	16. OFFICE ADDRESS OF RECIPIENT
Farm Service Agency, Lewis County FSA,Missouri	502 S.Washington Monticello,MO 63457

17. NAME OF LEAVE SHARE COORDINATOR	18. TELEPHONE NO. OF LEAVE SHARE COORDINATOR	19. OFFICE ADDRESS OF LEAVE SHARE COORDINATOR
Tara Harmon	573-876-0933	601 Bus Loop 70W Columbia, MO 65203

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 *(in hours)*	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.