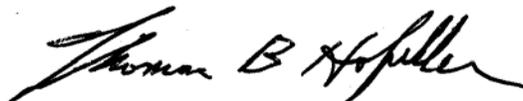


For: FFAS National Office Employees and FAS Overseas Employees

FFAS National Office Leave Bank Open Enrollment Period for Leave Year (LY) 2008

Approved by: Associate Administrator for Operations and Management



1 Overview

A Purpose

This notice announces the winter open enrollment period for FFAS’s National Office Leave Bank (Leave Bank) for LY 2007. The open enrollment period begins December 17, 2007, and ends **January 18, 2008**.

Employees can become members of the Leave Bank by donating leave. The leave is pooled and managed by a Leave Bank Board. If a Leave Bank member or a member of their family experiences an extended medical emergency, the employee may qualify to become a recipient of paid leave from the Leave Bank.

Employees can learn more about the Leave Bank by reading “FFAS Leave Bank Frequently Asked Questions” at http://www.fsa.usda.gov/FSA/hrdapp?area=home&subject=wpsv&topic=aws#P44_2236.

B Eligibility

All FFAS National Office employees and FAS U.S. citizens overseas are eligible to participate in the Leave Bank.

Note: The Leave Bank is **only** open to National Office and FAS U.S. citizen overseas employees. FSA and RMA employees assigned to Kansas City or field employees **are not** eligible to participate.

C Yearly Membership Renewal Required

Membership in the Leave Bank does **not** rollover. Employees **must** renew their membership each year they want to participate. See subparagraph 3 for instructions on how to enroll in the Leave Bank.

Disposal Date	Distribution
February 1, 2008	FFAS National Office and FAS overseas U.S. citizen employees

Notice PM-2620

1 Overview (Continued)

D Use/Lose (Excess) Annual Leave

Employees who expect to have use/lose (excess) annual leave at the end of LY 2007 are encouraged to consider donating this leave to the Leave Bank. Excess annual leave may be donated as a gift, used for LY 2008 membership, or both.

E Contacts

This table provides Leave Bank contact information.

IF...	THEN contact...
questions about Leave Bank policy and/or eligibility	HRD, Employee Programs Branch (EPB) at 1 of the following: <ul style="list-style-type: none">• Susan Brown at 202-401-0066• Linda Watkins at 202-401-0688• TDD at 202-205-9057.
submitting Leave Bank, membership, donation, or recipient requests	Kedra Watts, HRD, EPB by FAX at 202-205-9140.

2 Leave Bank Information, Regulations, and Policy

A Leave Bank Overview

Leave Banks require:

- a membership policy
- a 3-member Leave Bank Board
- a membership enrollment period of at least 30 calendar days
- that employees make a contribution of **annual leave** to become a member or to continue their membership
- operation on a **LY** basis
- members to be able to apply to become Leave Bank recipients and, if approved, qualify for a donation of leave from the Leave Bank.

Notice PM-2620

2 Leave Bank Information, Regulations, and Policy (Continued)

B Leave Bank Enrollment Policy

There will be at least 2 Leave Bank enrollment periods each LY as follow:

- winter
- summer.

Note: New employees may enroll within 30 calendar days of being hired.

C Membership Period Enrollment Donation

The minimum donation of **annual leave** required to join the Leave Bank will be determined by the employee's annual leave category as follows:

- **4 hours** for less than 3 years of Federal service
- **6 hours** for 3 or more years, but less than 15 years, of Federal service
- **8 hours** for 15 or more years of Federal service.

Note: The minimum donation amount can be increased or decreased by a vote of the Leave Bank Board, but will never be less than stated in this subparagraph.

3 Applying To Be a Leave Bank Member or Recipient

A Becoming a Leave Bank Member

To become Leave Bank members, employees **must**:

- complete FFAS-1043 (Exhibit 1), available at **<ftp://165.221.16.16/public/Forms/FFAS1043.pdf>**
- in item 12, check the box titled "Membership Contribution"
- in item 13, enter the annual leave hours required for membership according to subparagraph 2 C
- complete, **sign**, and FAX FFAS-1043 to HRD as follows:

ATTN: Kedra Watts
HRD, EPB
FAX: 202-205-9140.

Notice PM-2620

3 Applying To Be a Leave Bank Member or Recipient (Continued)

B Gift Donations to Leave Bank

The Leave Bank will accept **gift** donations of annual leave or restored annual leave at anytime during LY. To make a gift donation, follow FFAS-1043 instructions in subparagraph A, except in item 12, check the box titled “Gift”.

C Qualifying To Be a Leave Bank Recipient

To **quality** as Leave Bank recipients, employees **must**:

- be a member of the Leave Bank
- have or expect to have a personal medical emergency or a family member with a medical emergency
- anticipate having a minimum of 24 hours of unpaid leave during the emergency.

D Applying To Be a Leave Bank Recipient

To apply to become a recipient, Leave Bank members or someone acting on behalf of a member **must**:

- complete FFAS-1046 (Exhibit 2) available at **<ftp://165.221.16.16/public/Forms/FFAS1046.pdf>**
- obtain member’s supervisor’s signature on the completed FFAS-1046
- obtain from member’s physician, medical practitioner, or medical facility a written statement on office letterhead providing:
 - the approximate date the medical emergency began or will begin, when known
 - a diagnosis or prognosis of the medical condition
 - anticipated duration of the emergency, including recovery period (number of weeks, months, or whether the medical condition is on-going or considered terminal)
 - information on any additional therapy or treatment expected and its duration and frequency.

Notice PM-2620

3 Applying To Be a Leave Bank Member or Recipient (Continued)

D Applying To Be a Leave Bank Recipient (Continued)

Completed FFAS-1046's and acceptable medical documentation **must** be FAXed to:

ATTN: Kedra Watts
HRD, EPB
FAX: 202-205-9140.

Note: To qualify as a Leave Bank recipient because of a medical emergency affecting a **family member**, the members **must** have exhausted their entitlement to Sick Leave for Family Care.

4 Responsibilities

A Leave Bank Board Responsibilities

The Leave Bank Board **must**:

- consist of 3 members
- have at least 1 member must represent a labor organization or employee group.

The Leave Bank Board shall:

- determine overall Leave Bank policy
- review and set membership donation requirements yearly
- meet biweekly, unless there is no Leave Bank business to conduct
- review and approve or disapprove recipient FFAS-1046
- determine the number of hours to be donated by Leave Bank to an approved recipient
- notify HRD of Leave Bank Board decisions
- monitor the operations of Leave Bank.

Notice PM-2620

4 Responsibilities (Continued)

B HRD Responsibilities

HRD, EPB shall:

- maintain a list of Leave Bank members
- process all membership FFAS-1043's
- notify the member and their timekeeper of Leave Bank membership and deduction of annual leave
- ensure that recipient FFAS-1046's are complete and include required medical documents
- forward recipient FFAS-1046's to the Leave Bank Board
- notify approved recipients and their timekeeper of hours donated from the Leave Bank
- maintain a list of approved leave recipients
- notify recipients of approval and donation amount
- notify recipient's supervisor and timekeeper of donation amount
- close recipient cases when notified of recipient's return to duty or notification that recipient's emergency has ended
- generate leave reports as requested by the Leave Bank Board.

C Timekeeper Responsibilities

FFAS timekeepers:

- will be notified of Leave Bank memberships within their time and attendance (T&A) group by HRD
- shall:
 - enter donated annual leave hours with T&A transaction code 61/61
 - note, in the **remarks section** of the member's T&A, the hours donated to Leave Bank.

Note: HRD will notify and provide instructions to timekeepers for recipients who receive a donation from the Leave Bank.

4 Responsibilities (Continued)

D Recipient Responsibilities

Recipients have the responsibility of using **donated leave** only for hours of absence related to the medical emergency. This includes absence during the medical emergency, recovery period, follow-up examinations, therapy, and absence because of restricted work hours, all of which shall be supported by medical documentation. Recipients **must** advise HRD when their medical emergency ends in writing to either of the following:

- e-mail to **linda.watkins@wdc.usda.gov** or **susan.brown@wdc.usda.gov**
- FAX to 202-205-9140.

Note: The Leave Bank is **not** a substitute for someone who can qualify for disability retirement.

Example FFAS-1043

FFAS-1043 is available at <ftp://165.221.16.16/public/Forms/FFAS1043.pdf>.

This form is available electronically.		
FFAS-1043 (11-29-07) FFAS LEAVE BANK PROGRAM - MEMBERSHIP APPLICATION		FOR PERSONNEL USE ONLY:
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 (LBC).		
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 LEVEL	5. ORGANIZATIONAL 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 NUMBER (Include Area code)	10. TIMEKEEPER FAX NUMBER (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 <u> </u> Duty hours in Pay Period <u> </u> X leave earning category <p style="text-align: center;">80</p>		
11. TYPE OF ANNUAL LEAVE DONATED (Check One)		12. TYPE OF CONTRIBUTION
<input type="checkbox"/> EARNED <input type="checkbox"/> RESTORED <input type="checkbox"/> EXCESS		<input type="checkbox"/> MEMBERSHIP CONTRIBUTION <input type="checkbox"/> GIFT
13. NUMBER OF HOURS DONATED		
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 LEAVE BALANCE	17. APPLICATION STATUS	18. REASON FOR DISAPPROVAL
	<input type="checkbox"/> APPROVED <u>1/</u> <input type="checkbox"/> DISAPPROVED	
19. SIGNATURE OF LEAVE BANK COORDINATOR (LBC)		20. DATE (MM-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.		
<u>1/</u> 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.		

Example FFAS-1046

FFAS-1046 is available at <ftp://165.221.16.16/public/Forms/FFAS1046.pdf>.

This form is available electronically.		FOR PERSONNEL USE ONLY:	
FFAS-1046 (11-29-07)		FFAS LEAVE BANK PROGRAM - RECIPIENT APPLICATION	
<p>INSTRUCTIONS: Use this form to apply as a recipient in the leave bank program under 5 CFR Part 630, Section 630.1001. Attach to this form the appropriate medical documentation describing your medical emergency. The medical documentation shall include diagnosis or prognosis and anticipated duration of the condition. After completing this form, have your supervisor sign concurrence and FAX your application to the Leave Bank Coordinators in HRD-PMBAB. You will be notified of approval or disapproval.</p>			
Part A - Completed by Recipient <i>(This application may be completed by someone acting on behalf of the recipient)</i>			
1. NAME OF APPLICANT (Last, First, Middle Initial)		2. SOCIAL SECURITY NUMBER (last 4 digits)	
3. POSITION TITLE	4. SERIES, GRADE, PAY LEVEL	5. ORGANIZATIONAL TITLE (Agency, Division, Branch, Section)	
6. OFFICE LOCATION AND STOP CODE		7. OFFICE TELEPHONE NUMBER	8. APPLICANT HOME TELEPHONE NUMBER
9. NAME OF TIMEKEEPER		10. TIMEKEEPER TELEPHONE NUMBER	11. TIMEKEEPER FAX NUMBER
12. ANTICIPATED OR ACTUAL DURATION OF MEDICAL EMERGENCY (if known) BEGINNING DATE (MM-DD-YYYY)		13. APPROXIMATE NUMBER OF LEAVE HOURS NEEDED FOR THIS EMERGENCY	
ENDING DATE (MM-DD-YYYY)			
14. TYPE OF MEDICAL EMERGENCY <input type="checkbox"/> PERSONAL MEDICAL <input type="checkbox"/> FAMILY MEDICAL (See NOTE below)			
<p>NOTE: When applying to be a recipient due to the medical emergency of a family member, all entitlements to Sick Leave for Family Care (SLFC) must be exhausted. Sick Leave for Family Care (SLFC) information can be found in 17-PM, Part 10, Section 3, Page 10-115.</p>			
Part B - Recipient or Designee and Supervisor Certification			
<p>I certify that (1) I have been affected by the medical emergency described in the attachment since the date indicated above, (2) expect to be absent from duty without paid leave for at least a 24 hours due to medical a emergency. I further certify that I am not receiving unemployment benefits or workers' compensation benefits in connection with this medical emergency which I am requesting leave donations for.</p>			
15. SIGNATURE OF APPLICANT OR DESIGNEE			16. DATE
17. SIGNATURE OF SUPERVISOR	18. DATE (MM-DD-YYYY)	19. CONCURRENCE <input type="checkbox"/> YES <input type="checkbox"/> NO	20. SUPERVISOR'S TELEPHONE NUMBER
Part C - Agency Review and Board Approval			
21. APPLICANT'S CURRENT ANNUAL LEAVE BALANCE	22. APPLICANT'S CURRENT SICK LEAVE BALANCE	23. APPLICATION STATUS <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED	
24. REASON FOR DISAPPROVAL			
25. SIGNATURE OF LEAVE BANK BOARD OFFICIAL		26. DATE (MM-DD-YYYY)	27. NUMBER OF LEAVE BANK HOURS PROVIDED TO RECIPIENT
28. LEAVE CATEGORY TO APPLY DONATED LEAVE <input type="checkbox"/> CURRENT USE <input type="checkbox"/> ADVANCED SICK LEAVE <input type="checkbox"/> ADVANCED ANNUAL LEAVE <input type="checkbox"/> LWOP			
Part D- Application Submission <i>(After submitting please call Leave Bank Coordinator to verify application was received)</i>			
29. FAX NUMBER (202) 205-9140 Attn: Leave Bank Coordinator FFAS HRD Employee Programs Branch			
<p>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.</p> <p><small>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.</small></p>			