

DONOR'S LEAVE TRANSFER APPLICATION

(Must be typed or printed legibly)

PART 1: DONOR

A. RECIPIENT IDENTIFICATION

1. Name of recipient _____
 2. Social security # _____
 3. Organization/office USPTO

B. DONOR IDENTIFICATION

1. Name _____
 2. Social security # _____
 3. Relationship to recipient _____
 4. Position title, series, grade _____
 5. Organization/office _____
 6. Office address _____
 Bld./Rm. _____
 7. Office phone # _____
 8. Timekeeper's name _____
 9. Phone # _____
 10 Office address _____
 Bld./Rm. _____

C. DONOR'S LEAVE INFORMATION AS OF PAY PERIOD

1. Current annual leave balance _____ hours.
 2. Leave category per pay period 4 hrs. 6 hrs. 8 hrs.
 3. Amount of annual leave to be transferred _____ hours

D. WAIVERS AND CERTIFICATION

I acknowledge that except for any leave unused by the recipient, I have no right under any circumstances, including my own personal emergency, to have any of the leave I donate restored to me; and

I waive the right to have any unused donated leave restored to me if I leave the Department of Commerce before the end of the recipient's personal emergency.

I certify that the information on this application is true and correct to the best of my knowledge

Signature: _____ Date: _____

PART II: APPROVAL BY SUPERVISOR

I acknowledge and approve disapprove
 this employee's application to donate annual leave.
 Name _____
 Phone # _____
 Signature _____

PART III: APPROVAL BY DONOR'S SERVICING PERSONNEL OFFICE

I certify that this application meets does not meet
 all criteria required for annual leave transfer by law and regulation,
 and is approved disapproved
 Name Sadie Scott
 Phone # 703-305-8121 Date _____
 Signature _____
 If disapproved, state reasons for disapproval _____

PART IV: CERTIFICATION BY RECIPIENT'S SERVICING PERSONNEL OFFICE

I certify that this donor's annual leave donation has been accepted in the
 amount of _____ hours, which will be credited in pay
 period _____
 Name Sadie Scott
 Phone # 703-305-8121 Date _____
 Signature _____
 If disapproved, state reasons for disapproval _____

PRIVACY ACT STATEMENT

Section 6311 of Title 5 of the U.S. Code authorizes collection of this information. The primary use of this information is by management and your servicing personnel office to effect leave transfers, including disclosure, as specified by you, to leave donors. Additional disclosures of the information may be to the Department of Labor when processing a claim for compensation regarding a job-connected injury or illness; to a state unemployment compensation office regarding a claim; to Federal life insurance or health benefits carriers regarding a claim; to a Federal, state, or local law enforcement agency when the Department becomes aware of a violation or possible violation of civil or criminal law; to a Federal agency when conducting an investigation on you for employment or security reasons; to the Office of Personnel Management or General Accounting Office when the information is required for evaluation of leave administration; and to the General Services Administration in connection with its responsibilities for records management.

Where the employee identification number is your Social Security number, collection of this information is authorized by Executive Order 9397. Furnishing the information on this form, including your Social Security number, is voluntary, but failure to do so may result in disapproval of this request.

WARNING

False statements made in connection with a request for leave transfer may be the basis for disqualification for participation in the leave transfer program, disciplinary action up to and including removal from the Federal service, criminal prosecution, and liability for the amount of leave dishonestly gained.

Distribute copies to the recipient's servicing personnel office, the donor's servicing personnel office, the donor, the donor's supervisor and timekeeper.