



Leave Sharing Program Request to Receive Donated Leave

This is a three part form. Part I must be completed and signed by the applicant or individual applying on behalf of the applicant. After completion of Part I, it must be submitted to the applicant's supervisor for completion of Part II. After Parts I and II have been completed, this form must be submitted to the Processing Personnel Office for completion of Part III.

Part I - Initial Request (To be completed by Applicant)

I hereby request that I be allowed to receive donated leave under the Postal Service Leave Sharing Program. I certify that (1) I am a career postal employee; (2) I am unable (or expect to be unable) to perform available postal duties due to a serious personal health condition that is not job related; (3) I have been authorized to be absent from work due to this health condition; (4) I do not have sufficient earned annual and sick leave to cover this absence; and (5) my absence because of this health condition will result in the accumulation of 80 or more hours of leave without pay in addition to depletion of my earned annual and sick leave balances.

Applicant's Name (First, M.I., Last)		Social Security No.
Position Title	Employing Office	
Earned/Unused Leave Balances at End of Last Pay Period Annual _____ Sick _____	Leave Without Pay (LWOP) Hours Used for This Personal Health Condition	

If Applying on Behalf of Applicant Provide:

Name	Relationship	Phone Number (Include Area Code)
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If approved, and you authorize for release, a notice will be posted requesting voluntary donations of annual leave from other career employees.

Applicant Must Check Only **One** of the Following Four Options

- Applicant authorizes that his or her **name, position, office, and a description of the health condition** be advertised in the notice. Provide the description to be released below:

- Applicant does **not** authorize a description of the health condition be advertised in the notice. (Only his or her **name, position, and office** will be published.)
- Applicant does **not** authorize that his or her name and a description of the health condition be advertised in the notice. (**Position** and **office** will be published.)
- Applicant does **not** want any notice posted requesting voluntary donations of annual leave as he or she has personal knowledge of interested donors and will notify the donors when recipient eligibility is established.

I am aware of the Postal Service policy to protect the voluntary nature of donations by keeping confidential the identities of leave donors. By submitting this application, I hereby waive any right of access provided by law (including the Privacy Act of 1974, 5 USC 552a) to information or records concerning the persons who donate leave for my use in response to this application. I understand that there are no guarantees as to the number of hours of donated leave provided, as participation in this program is strictly voluntary.

Signature of Applicant or Individual Applying on Behalf of Applicant	Date Signed
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Part II - Approval (To be completed by Applicant's Supervisor)

I certify that (1) the applicant has documented a serious personal health condition and the need for extended absence because of such condition; (2) the applicant has been and/or will be granted approved absence due to this health problem; (3) the health condition is **not** job related; and (4) the employee has or is expected to accumulate 80 or more hours of leave without pay due to this condition in addition to the depletion of his or her earned annual and sick leave balances.

Approved

Disapproved (Give reason) _____

Signature and Title of Supervisor

Date Signed

Date the applicant accumulated (or will accumulate) 80 hours of LWOP due to this personal health condition _____

Part III - Eligibility Approval (To be completed by Processing Personnel Office)

I have reviewed Parts I and II, and based on the information provided and a review through On-Line Query (OLQ) U01A, the applicant is eligible to receive donated leave.

Signature of Human Resources Director or Designee

Date Signed

LSP Case No.

Leave Recipient Eligibility Begin Date

Leave Recipient Eligibility End Date

Privacy Act Statement: The collection of this information is authorized by 39 USC 401, 1003 and 5 USC 8339. This information will be used to grant or deny your request to receive donated leave. As a routine use, this information may be disclosed to an appropriate government agency, domestic or foreign, for law enforcement purposes; where pertinent, in a legal proceeding to which the USPS is a party or has an interest; to a government agency in order to obtain information relevant to a USPS decision concerning employment, security clearances, contracts, licenses, grants, permits or other benefits; to a government agency upon its request when relevant to its decision concerning employment, security clearances, security or suitability investigations, contracts, licenses, grants or other benefits; to a congressional office at your request; to an expert, consultant, or other person under contract with the USPS to fulfill an agency function; to the Federal Records Center for storage; to the Office of Management and Budget for review of private relief legislation; to an independent certified public accountant during an official audit of USPS finances; to an investigator, administrative judge or complaints examiner appointed by the Equal Employment Opportunity Commission for investigation of a formal EEO complaint under 29 CFR 1613; to the Merit Systems Protection Board or Office of Special Counsel for proceedings or investigations involving personnel practices and other matters within their jurisdiction; to a labor organization as required by the National Labor Relations Act; to

agencies having taxing authority for taxing purposes; to financial organizations receiving allotments; to State Employment Security Agencies to process unemployment compensation claims; to a Federal or state agency providing parent locator service or to other authorized persons as defined by Public Law 93-647; to the National Association of Postal Supervisors that relates to postal supervisors; to the Office of Personnel Management, Social Security Administration, Veterans Administration, Office of Workers' Compensation Programs, health insurance carriers, or plans or other program management agencies or retirement systems for use in determining a claim for benefits; and to OPM for its active employee/annuitant data systems used to analyze Federal Retirement and insurance costs. Completion of this form is voluntary; however, if this information is not provided, you may be denied permission to participate in the Leave Sharing Program.

Computer Matching: Limited information may be disclosed to a Federal, state, or local government administering benefits or other programs pursuant to statute for the purpose of conducting computer matching programs under the Act. These programs include, but are not limited to, matches performed to verify an individual's initial or continuing eligibility for, indebtedness to, or compliance with requirements of a benefit program.