

**LEAVE TRANSFER PROGRAM - DONOR APPLICATION**

**FOR PERSONNEL USE ONLY:  
CASE NUMBER**

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	9. TELEPHONE NO. OF TIMEKEEPER	10. OFFICE ADDRESS OF TIMEKEEPER	

INSTRUCTIONS: Please review the information below. You may not transfer more than 1/2 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.
- 76 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 =  $13 \times \frac{\text{Duty hours in Pay Period}}{80} \times$  leave earning category

Limit for part-year employee =  $\frac{\text{Number of Pay Periods to be worked}}{2} \times$  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 <i>(if known)</i>
15. ORGANIZATIONAL LOCATION OF RECIPIENT <i>(Agency, Division, Branch, Section)</i>		16. OFFICE ADDRESS OF RECIPIENT	
17. NAME OF LEAVE SHARE COORDINATOR	18. TELEPHONE NO. OF LEAVE SHARE COORDINATOR	19. OFFICE ADDRESS OF LEAVE SHARE COORDINATOR	

**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 any circumstances (including a medical emergency of my own) to have any of the donated leave restored.*

SIGNATURE OF DONOR	DATE
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**PART II. AGENCY REVIEW AND APPROVAL**

1. CURRENT ANNUAL LEAVE <i>(in hours)</i>	AS OF PAY PERIOD NUMBER	2. ANNUAL LEAVE CATEGORY PER PAY PERIOD
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**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
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**PRIVACY ACT STATEMENT**

5 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.

**Instructions for Applying to Become an Approved Leave Donor**  
See FSIS Directive 4630.5, Voluntary Leave Transfer Program (LTP)

**Field Employees**

**General Requirements related to leave donations:**

1. You may donate to any leave recipient within USDA or outside of USDA, so long as the employee is an approved leave recipient under the LTP or Voluntary Leave Bank Program. You may not donate leave to your immediate supervisor.
2. You may donate earned, available annual leave only; sick leave may not be donated under this program.
3. Except in limited situations, in a given leave year your total donations for the leave year may not exceed ½ of the amount of annual leave you accrue in that leave year. See the Form AD-1043 for what your limit is based on your leave category.
4. Except under unusual circumstances, if you have annual leave subject to forfeiture at the end of the leave year (i.e., use/lose leave), you may donate no more hours of annual leave than there are hours left in the leave year for which you are scheduled to work. For example, if in the last pay period of the leave year you want to donate annual leave, and you were scheduled to be on leave for 24 hours, and off for a holiday for 8 hours, you would only be able to donate 48 hours of annual leave (e.g., 80 hour tour of duty minus 32 hours of leave = 48 hours to donate).

**Procedures for how to donate annual leave:**

1. To donate annual leave under this Program, complete Form AD-1043, Leave Transfer Program - Donor Application. Please note the following:
  - you must indicate the name, address and telephone number of your timekeeper in block 8, 9, and 10, even if you are your own timekeeper. This is to insure that your timekeeper receives the instructions on how to record your leave donation on your time and attendance (T&A) report. **Do not adjust the leave balances on your T&A until you are notified that your donation was approved and you receive instructions.**
  - You must designate a specific number of hours in block 11 of the AD-1043 to be donated and specify the employee who is to be the recipient of your leave. Provide his/her name in block 12 or provide the recipient's case number in block 13 (if you know it. If you don't, the form can still be processed). Ignore block 14.
  - Blocks 15 through 19 are not necessary if the recipient is within FSIS. However, please complete these blocks, as best you can, if the recipient is outside of FSIS.
2. Send the form to: USDA-Food Safety and Inspection Service