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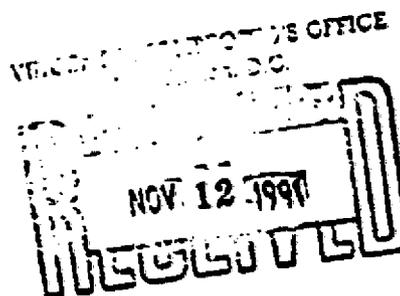
M-01022

SHERRY A. CAGNOLI  
 ASSISTANT POSTMASTER GENERAL  
 LABOR RELATIONS DEPARTMENT

November 8, 1991

Mr. Moe Biller  
 President  
 American Postal Workers  
 Union, AFL-CIO  
 1300 L Street, N.W.  
 Washington, DC 20005-4128

Mr. Vince R. Sombrotto  
 President  
 National Association of  
 Letter Carriers, AFL-CIO  
 100 Indiana Avenue, N.W.  
 Washington, DC 20001-2196



Gentlemen:

The Leave Sharing Program instructions have been finalized and are enclosed. In addition, the instructions are being sent to the field for implementation.

For leave sharing cases involving bargaining unit employees, the instructions require that a copy of the leave sharing notice be provided to the local union. Notices for bargaining unit employees will include a statement that employees may obtain donor forms from their personnel offices or union representatives. The instructions also provide that bargaining unit employees wishing to donate leave to another employee have the option of submitting their donor forms, once the forms have been certified by the donors' immediate supervisors, to either their union representative or their personnel office.

If there are any questions concerning this matter, please contact Stan Urban of my staff at 268-3823.

Sincerely,

*Sherry A. Cagnoli*  
 Sherry A. Cagnoli

Enclosure

RECEIVED  
 NOV 15 1991  
 CONTRACT ADMINISTRATION UNIT  
 N.A.L.C. WASHINGTON, D.C.



OFFICIAL OLYMPIC SPONSOR  
 OF THE U.S. POSTAL SERVICE

**U. S. POSTAL SERVICE LEAVE SHARING PROGRAM  
INSTRUCTIONS**

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**EXHIBITS**

- #1 - PS Form 3970-R, Request to Receive Donated Leave
- #2 - Sample Notice
- #3 - PS Form 3970-D, Request to Donate Leave
- #4 - PS Form 3970-T, Donated Leave Transfer Form

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## U. S. Postal Service Leave Sharing Program

### I. PURPOSE

This Instruction provides the policy and procedures for administering the Leave Sharing Program (LSP).

### II. OVERVIEW

The Postal Service has established a Leave Sharing Program (LSP) under which career postal employees may receive donated annual leave from the earned annual leave accounts of other career postal employees.

### III. POLICY

Career postal employees may receive and use donated annual leave and may donate earned/unused annual leave to other career postal employees as set forth in this Instruction. To be eligible to receive donated leave, a career employee (a) must be incapacitated for available postal duties due to a serious personal health condition and (b) must be known or expected to miss at least 80 more hours from work than his or her own annual leave and/or sick leave balances will cover, and (c) must have his or her absence approved pursuant to standard attendance policies.

Employees will not earn leave on the donated leave hours used. Individual annual leave donations must be of 8 or more whole hours. A leave donor may donate only annual leave which has been earned. The total of all donations of earned annual leave may not exceed one-half of the annual leave the donor will earn during the leave year, based on his or her leave category at the time of the donation. An employee may not donate leave to their immediate supervisor. There are no guarantees as to the number of hours of donated leave provided to an eligible recipient, as participation in this program is strictly voluntary.

No employee may directly or indirectly intimidate, threaten, or coerce, or attempt to intimidate, threaten, or coerce, any other employee for the purpose of interfering with any right such employee may have with respect to donating, receiving, or using leave under the LSP. For the purposes of this policy, the term "intimidate, threaten, or coerce" includes conferring or promising to confer any benefit or favor, or effecting or threatening to effect any reprisal.

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Eligible leave recipients waive any right of access provided by law (including the Privacy Act of 1974, 5 USC 552a) to obtain information about leave donors. Except as required for program administration, the Postal Service will keep confidential the names, social security numbers identities of leave donors; the amounts of leave donated by individual donors; the fact that specific employees have or have not donated leave; and other similar information. In addition, information relating to the recipient's name and/or a brief description of their personal health condition may or may not, depending on the wishes of the leave recipient, be disclosed in the notice requesting annual leave donations. However, this information must be disclosed to postal managers, supervisors, and other personnel if required to perform their duties.

Unused donated leave will not be returned to the donors, but will remain with the recipient until paid as a terminal leave payment.

#### IV. PARTICIPANTS

Annual leave may be donated and/or received by career postal employees only.

#### V. ABSENCE/RETURN TO DUTY APPROVAL PROCEDURES

##### A. Requesting Approved Absence

Standard absence request/approval policies and procedures continue to apply under the LSP, including those listed in ELM 514, Leave Without Pay and ELM 568, Management Initiated Disability Retirement Procedures. The availability or potential availability of donated leave under the LSP is not a factor to be considered in determining what periods employees may be absent with permission.

1. Using Form 3971. Employees request from the appropriate supervisor/manager, permission to be absent and to charge such absence to annual leave, sick leave, leave without pay (LWOP), or donated leave. Supervisors/managers approve or disapprove requests in accordance with provisions of the ELM for the types(s) of leave requested.

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2. Advance sick leave. If advance sick leave is requested, the request is approved or disapproved as set forth in ELM 513.5. (NOTE: Advance sick leave is approved only if there is reason to believe the employee will return to duty.)

B. Return to Duty During and After Serious Personal Health Condition

A recipient may return to duty on a full or part-time basis, as appropriate, during as well as at the conclusion of their serious personal health condition. Standard policies and procedures applicable to return to duty after extended illness or injury continue to apply under the Leave Sharing Program. [Reference: ELM 864.4; Handbook EL-311, Section 342]

VI. LEAVE RECIPIENT ELIGIBILITY

A. Criteria

To be considered for leave recipient eligibility, the employee must have been granted an approved absence as in V. above and the provisions of both 1. and 2. below must apply:

1. The employee must be incapacitated for available postal duties due to a serious personal health condition which is not the subject of a workers' compensation claim (medical and/or appropriate other documentation may be required). Non-incapacitating prenatal or postnatal conditions and the need or desire to care for newborn or adopted children are not considered serious personal health conditions and are not bases for leave recipient eligibility.

2. It is known, or reasonable to expect that due to this serious personal health condition, the employee will miss at least 80 hours from work more than his or her earned sick and/or annual leave balance(s) will cover, ie., will accumulate 80 or more hours of LWOP directly related to the serious personal health condition. (The 80 hours of LWOP need not be consecutive.)

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**B. Requests for Permission to Receive Donated Leave**

A career postal employee who meets the criteria set forth in A. above, or if unable, anyone in his or her behalf, may request leave recipient eligibility by submitting the request on Form 3970-R, Request to Receive Donated Leave (Exhibit #1), to the employee's immediate supervisor.

**C. Supervisor's/Manager's Responsibility**

The employee's supervisor/manager, verifies the employee's eligibility to receive donated leave. Once eligibility has been established and they have completed Part II, the supervisor forwards Form 3970-R to the appropriate personnel office for processing.

**VII. PROCESSING APPLICATIONS FOR LEAVE RECIPIENT STATUS****A. Receipt of Forms 3970-R**

The Leave Sharing Program Coordinator in the recipient's Personnel Office assures that all Forms 3970-R are stamped with the date of receipt, reviews and verifies the information provided, and completes Part III.

**B. Assigning LSP Case Numbers**

The LSP Coordinator assigns the LSP Case Number using the following criteria:

1. LSP Case Numbers are comprised of the last 2 digits of the current fiscal year; the recipient's BA code; MSC code; and a 3-digit serial number beginning with 001 for the first case number issued for that Division/MSC in the current fiscal year, e.g. for Baltimore, 92-2D-210-001.

2. For Headquarters and Headquarters Field Units, the LSP Case Numbers are comprised of the last 2 digits of the current fiscal year; the recipient's office BA code; the first three numbers of the zip code of the personnel office; and a 3-digit serial number beginning with 001 for the first case number issued for that office in the current fiscal year, e.g. for the Minneapolis PDC, 92-6F-551-001.

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**C. Establishing the Leave Recipient Eligibility Date**

The LSP Coordinator determines the Leave Recipient Eligibility Date which is the LATER of:

1. the date the Form 3970-R is date-stamped in the recipient's Personnel Office, or
2. the date the recipient meets the eligibility requirements listed in VI A. 1 & 2.

**D. Preparing the Notice Requesting Annual Leave Donations**

Form 3970-R, Request to Receive Donated Leave, indicates whether or not the recipient wishes to have their name and/or personal health condition disclosed in a notice requesting annual leave donations. Personnel offices must honor the requests of the recipient and only advertise the information that is authorized for release.

DO NOT prepare a notice when the recipient indicates that they do not want any solicitation conducted. In this case, the recipient may have personal knowledge of an employee who desires to donate on an individual basis and the recipient does not want any solicitation for additional donations.

Each leave sharing case has an LSP Case Number which must be included on the notice requesting annual leave donations. This number provides a method of identifying the leave recipient when they do not wish their name to be advertised. A sample notice is shown in Exhibit #2.

Employees may obtain the donor form, PS Form 3970-D, from their Personnel Office or their union representative. For bargaining unit recipients, you must assure that the posting includes the union representative as a source for the donor form.

Prepare and distribute a Notice requesting annual leave donations for posting in installations within your jurisdictional area, unless specifically precluded by provisions of the collective bargaining agreement, e.g., APWU/NALC and Mail Handlers advertise MSC-wide, rural carriers advertise division-wide, bargaining employees at Postal Data Centers advertise within the same data center. Assure that the recipient's

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personnel office and address is listed on the notice to assure that the donor forms are sent to the proper office.

A COPY OF THE POSTING MUST BE PROVIDED TO THE APPROPRIATE LOCAL UNION OFFICE.

#### E. Recipient Case Files

Establish individual recipient case files (restricted) by employee name and LSP Case Number for each personal health condition. Maintain Form 3970-R, and a copy of the Notice requesting annual leave donations in this file. NO MEDICAL INFORMATION MAY BE KEPT IN THIS FILE. Maintain the file for 3 years beyond the termination of the personal health condition (see Part X). The LSP Coordinator may wish to keep active leave sharing case files separate from inactive case files.

### VIII. LEAVE DONORS

#### A. Application for Leave Donor Status

Each potential leave donor must submit a completed Form 3970-D, Request to Donate Leave, (Exhibit #3) to his or her immediate supervisor/manager requesting permission to transfer a specified number of hours of earned/unused annual leave to any specified leave recipient who is not the employee's immediate supervisor.

#### B. Leave Donations

Individual annual leave donations must be of 8 or more whole hours. A leave donor may donate only annual leave which has been earned. The total of all donations of earned annual leave may not exceed one-half of the annual leave the donor will earn during the leave year based on his or her leave category at the time of the donation.

To determine the amount of annual leave a donor is eligible to donate, review the following:

##### 1. Full Time and Part Time Flexible Employees

- a. Determine the amount of annual leave the donor will earn during the current leave year based on

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the donor's leave category at the time the leave is being donated. (For part time flexible employees, assume they will have the same leave earning as a full time employee.) The donor is eligible to donate an amount of earned leave equal to 1/2 of this amount. (For example, an employee in leave category 8 may donate 104 hours (1/2 of 208 hours).

b. Subtract the amount of leave already donated during the current leave year from the amount the employee is eligible to donate during the current leave year.

c. The amount of the current donation must not exceed the remainder of b. above.

## 2. Part-Time Regular Employees

a. Determine the amount of annual leave the donor will earn during the current leave year based on the donor's leave category and limited tour hours at the time the leave is being donated. The donor is eligible to donate an amount of earned leave equal to 1/2 of this amount. (For example, a PTR in leave category 8 with limited tour of 30 hours per week (60 per pay period) earns 156 hours a year, they may donate 78 hours.)

b. Subtract the amount of leave already donated during the current leave year from the amount the employee is eligible to donate during the current leave year.

c. The amount of the current donation must not exceed the remainder of b. above.

## C. Supervisor's/Manager's Responsibility

The employee's immediate supervisor/manager must verify that: 1) the designated recipient of the donation is not the donor's regular immediate supervisor, 2) the donor has complied with any jurisdictional area specified in the collective bargaining agreement, and 3) the amount of annual leave the donor wishes to donate does not include any annual leave hours that otherwise would be forfeited under applicable leave scheduling and/or maximum annual leave carryover rules (ie., leave in excess of the maximum carryover which the employee would not be permitted to use before the end of the leave year).

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[For example, let's assume a bargaining employee has an earned annual leave balance of 520 hours (80 hours over their maximum carryover of 440), has completed a donor form to donate 80 hours of annual leave, and only one week remains in the leave year (40 hours). It has also been determined that the immediate supervisor would not have approved any annual leave for this employee during the last week of the leave year. Therefore, the employee is not eligible to donate 80 hours of leave, as this employee would not have been permitted to use it before the end of the leave year and this leave is subject to forfeiture.]

The supervisor completes Part II of Form 3970-D and either forwards the form under restricted cover to the recipient's Personnel Office or returns the form to the donor if they desire to submit the form through their union.

#### **IX. PROCESSING LEAVE DONATIONS**

##### **A. Personnel's Responsibility (LSP Coordinator)**

1. Date-stamp all Forms 3970-D as they are received in the Personnel Office. Review the form to ensure the donor and supervisor have properly completed and signed the donor form.
2. Verify that the recipient is in your jurisdictional area and eligible to receive donated leave, and that the donor has complied with any jurisdictional area specified in the collective bargaining agreement. Complete Part III of the form.
3. Complete a Form 3970-T, Donated Leave Transfer Form, including the relevant information from each Form 3970-D that is received (See Exhibit #4). Ensure that the begin date is included on the form. The begin date is the Leave Recipient Eligibility Date (see VII C.)
4. File all Forms 3970-D in a (restricted) separate Donor LSP Case File identified only by the LSP Case Number of the Recipient and adding the letter "D", e.g. 91-210-001D. DO NOT INCLUDE THE RECIPIENT'S NAME ON THE FILE. DO NOT FILE ANY FORMS 3970-D IN THE RECIPIENT'S LSP CASE FILE (see VII E.). Donor records MUST be kept separate from recipient records.

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5. Forward Forms 3970-T to the Finance office in a sealed envelope marked "restricted" for processing. (This is the office where your payroll adjustments are processed.) Once Finance has completed the transfer of leave, Form 3970-T will be returned to Personnel under restricted cover with appropriate notations. THE DONOR MAY NOT CHANGE OR CANCEL THEIR DONATION AFTER THE FORM 3970-T HAS BEEN PROCESSED. If the leave has been successfully transferred, the Form 3970-T should be filed by pay period in the audit file with other DDE input forms. DO NOT FILE FORMS 3970-T IN THE LSP RECIPIENT CASE FILE OR DONOR FILE. If the transfer of leave was not successful or the amount of the donation reduced, the donor must be notified and provided the reason. Annotate Form 3970-D with the appropriate changes and remarks, notify the donor, then file Form 3970-T in the audit file in pay period order with other DDE input forms.

**B. Finance's Responsibility**

1. Utilize DDE LSP screens to deduct the annual leave hours from the donor's earned annual leave account and credit the recipient's donated leave account as specified on Form 3970-T. Input recipient eligibility begin date for each case, and close out each case with an end date when appropriate notification has been provided on PS Form 3970-T.
2. Complete Part II of PS Form 3970-T with the appropriate remarks and return to the recipient's Personnel Office.
3. Process any payroll adjustments required during the recipient's eligibility period.
4. When advised by Personnel on PS Form 3970-T, cancel previous transactions that were processed after the leave recipient eligibility period.

**C. PDC's Responsibility**

1. Maintain Distributed Data Entry Programs designed to verify and edit for the following:
  - a. The amount of leave being donated is equal to or exceeds 8 hours and does not include fractions of an hour,

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- b. The amount of the donation is less than or equal to the donor's balance of earned annual leave,
- c. The amount of the donation is equal to or less than 1/2 of the amount of annual leave earned each year based on the leave earnings category of the donor at the time of donation.
- d. The recipient has an earned annual and/or sick leave balance of less than 8 hours each. If the recipient has earned leave, leave charged will be in the following order: first - earned sick leave, second - earned annual leave, third - donated leave.
2. Establish and maintain leave accounts for applicable employees to track the amount of annual leave being donated, donated leave received, donated leave used and the donated leave balance. For as long as there is a donated leave balance, a message will appear on the recipient's earnings statement (If the balance is zero, there will be no message.) The annual leave donated account will be cleared at the close of each leave year. The other donated leave accounts will be carried forward each leave year until the employee separates from the Postal Service. Recipient and donor information is listed in DDE on Segment A page 4 of the OLQ (U01A).
3. Process terminal leave payments for any remaining donated leave upon the separation or death of a recipient. Payments will be made directly to the employee or the employee's estate. Leave will not be recredited to the original donors.
4. Recredit donated annual leave to the recipient's account if the recipient is reemployed with the postal service before the period covered by the terminal donated leave lump-sum payment expires. The employee must refund in full the payment for the overlapping period.

**X. DONATED LEAVE STATUS****A. Donated Leave Balance**

A donated annual leave balance will appear on the recipient's earnings statement after donations have been successfully transferred from the donor's account to the recipient's account.

**B. Donated Leave Usage**

Eligible recipients may use donated leave:

1. Only during the leave recipient eligibility period; AND
2. Only when they would be in a normal pay status except for their serious personal health condition; AND
3. Only after they have exhausted their earned/unused sick and annual leave balances and accumulated 80 hours or more of leave without pay due to the serious personal health condition, AND
4. Only when and to the extent they have a donated leave balance.

**C. Donated Leave Charge**

A new hours type code has been established for donated leave - code 46. The eligible recipient submits a separate PS Form 3971 requesting the absence to be charged to donated leave. The current edition of PS Form 3971 does not have a block under "Type of Absence" for donated leave. "Donated leave" should be entered in the Remarks section. PS Form 3971 will be revised to reflect the new hours code.

If an eligible donated leave recipient completes a PS Form 3971 to use donated leave, and they have earned leave to their credit, leave will be charged automatically in the following order: earned sick leave, earned annual leave, and then donated leave.

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Note: If the recipient has been advanced sick leave and is currently utilizing this leave, they may not use donated leave until the 80 hour leave without pay requirement has been met and all earned leave is exhausted. The recipient has the option of discontinuing the usage of the advance sick leave immediately or waiting until the advance has been used. When the recipient has met the eligibility requirements, then donated leave may be utilized.

#### D. Donated Leave Pay

Donated leave is considered paid leave status, except that employees do not earn any sick or annual leave on the donated leave hours used. All mandatory and optional payroll deductions, allotments and net checks to bank will continue, as donated leave is treated as paid leave status.

### XI. TERMINATION OF LEAVE RECIPIENT ELIGIBILITY

#### A. Reasons for Termination

A recipient's eligibility to receive and use donated leave terminates upon either of the following events:

1. The recipient returns to his or her normal work schedule and is no longer affected by the personal health condition for which leave recipient eligibility was established. (A part-time or intermittent work schedule augmented with the use of donated leave is allowed for recipients during the recovery period.)
2. The recipient separates from the Postal Service for any reason.

#### B. Responsibility

##### 1. Recipient, Supervisor and Manager

It is the responsibility of the recipient and his or her supervisor having relevant information to notify the LSP Coordinator in the recipient's Personnel Office immediately upon any change in the employee's eligibility to receive and use donated leave.

## 2. Personnel Office (LSP Coordinator)

a. Upon receipt of notification of the termination of the employee's personal health condition/leave recipient eligibility, the LSP Coordinator in the recipient's Personnel Office will ensure that all Notices requesting annual leave donations are withdrawn and that the LSP Case File is closed out.

b. Enter the end date on PS Form 3970-R, Request to Receive Donated leave (maintained in the Recipient's Case File).

c. The LSP Coordinator must immediately provide the Finance Office with the end date (termination date) of the recipient's eligibility for leave sharing. A PS Form 3970-T should be prepared with the recipient's name, SSN and the end date and forward to Finance.

d. Any Forms 3970-D which have been date-stamped in the Personnel Office after the termination date of leave recipient eligibility, are to be returned to the donor with an explanation as to why the recipient is no longer eligible to receive donated leave.

e. When Personnel is notified late concerning the termination date of leave recipient eligibility, and Forms 3970-D are date-stamped after the termination date and PS Forms 3970-T have been forwarded to Finance for processing, the following action should be taken:

1. If Finance has not yet processed the transfer, obtain the Form 3970-T from Finance, and return PS Form 3970-D to the donor with an explanation why the recipient is no longer eligible to receive donated leave. (Destroy Form 3970-T.)

2. If Finance has processed the transfer of leave and returned Form 3970-T, take action to assure that Finance cancels the transaction and recredits the donor. The original Form 3970-T should be returned to Finance with a note advising them to cancel the transaction. When the transaction has been cancelled, return Form 3970-D to the donor with an explanation why the recipient is no longer eligible to receive donated leave.

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f. The Recipient and Donor LSP Case Files must be stored for 3 years from the termination date of the personal health condition

**XII. UNUSED DONATED LEAVE**

- A. Any donated leave hours remaining in the recipient's account:
1. Remains in the recipient's donated leave account and is carried-over from one leave year to the next without limit;
  2. May be used to cover absences due to any serious personal health condition for which the employee has been granted a new period of donated leave recipient eligibility (see VI A.);
  3. May be used to offset negative sick and/or annual leave balances caused by serious personal health condition(s).
  4. May NOT be donated to another leave recipient, and;
  5. At separation, is applied:
    - a. To the recipient's negative sick or annual leave balance(s), if any, unless separation is due to death or disability, and then
    - b. To the recipient's terminal leave payment.
- Note: A donated leave balance may NOT be transferred to another federal agency.
- B. THE FIRST 80 HOURS OF LWOP FOR EACH PERSONAL HEALTH CONDITION MAY NOT BE OFFSET WITH DONATED LEAVE. Retroactive adjustments changing LWOP to donated leave may NOT be made for periods occurring before the Leave Recipient Eligibility Date or after the Leave Recipient Eligibility End Date.

- C. Donated annual leave must be reccredited to the recipient's account if the recipient is reemployed with the postal service before the period covered by the lump-sum payment expires. The employee must refund in full the payment for the overlapping period. NOTE: Personnel offices would need to review the terminal leave worksheet in the employee's Official Personnel Folder to first determine the period for terminal annual leave (if any) and then the period for terminal donated leave, which would provide the total period covered by both payments. The overlap period would be determined based on the effective date of reemployment/reinstatement and would also indicate how much leave (annual and/or donated) would need to be reccredited and to which account.

PS Form 3970-R

EXHIBIT #1

**REQUEST TO RECEIVE DONATED LEAVE  
U. S. POSTAL SERVICE LEAVE SHARING PROGRAM**

-----  
**PART I - APPLICANT**

1. Applicant's Name                      2. Position                      3. SSN

4. Employing Office                      5. Pay Location

6. Earned/Unused Leave Balance                      7. Hours of LWOP Used for  
at end of Last Pay Period                      this Personal Health  
Annual LV=                      Sick LV=                      Condition =

8. If Eligible, A Notice will Be Prepared for Posting, Requesting  
Voluntary Donations of Annual Leave from Other Career Employees.

APPLICANT MUST CHECK ONLY ONE OF THE FOLLOWING:

Check if Applicant authorizes their Name, Position, Office  
and a Description of their Health Condition to be advertised in  
the Notice. Provide the Description to be Released Below:

\_\_\_\_\_  
\_\_\_\_\_

Check if Applicant Does NOT authorize a Description of their  
Health Condition to be advertised in the Notice. (Name, Position  
and Office will be published.)

Check if the Applicant Does NOT authorize their Name  
and a Description of their Health Condition to be Advertised in  
the Notice. (Position and Office will be published.)

Check if Applicant Does NOT want any Notice Posted Requesting  
Voluntary Donations of Annual Leave as they have Personal  
Knowledge of Interested Donor(s) and will notify the donor(s)  
when Recipient Eligibility is Established.

9. Name of Individual Completing the Application (If Applying on Behalf of the Applicant)                      10. Relationship to Applicant and Phone No.

-----  
I certify I am a career Postal employee who does not have  
sufficient earned annual/sick leave hours of my own to cover the  
period(s) that I have been authorized to be absent from work due  
to a serious personal health condition without losing 80 or more  
hours of pay (LWOP). I am or expect to be incapacitated for my  
postal duties due to a serious personal health condition which  
is not job related.

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.

11. Signature of Applicant or Individual Applying on Behalf of Applicant 12. Date Signed

-----  
**PART II - APPROVING 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 lost or is expected to lose 80 or more hours of pay than his or her own annual and sick leave balances will cover as a result of the documented personal health condition.

13.  Approved  Disapproved (Give Reason)

14. Signature of Supervisor 15. Title 16. Date Signed

17. Date the Applicant Accumulated (or Will Accumulate) 80 Hours of LWOP due to this Personal Health Problem

-----  
**PART III - PROCESSING PERSONNEL OFFICE**

I certify that (1) the applicant's applicable earned leave balance(s) probably will not cover the period of approved absence; and (2) the applicant is a career Postal employee.

18. Signature of LSP Coordinator 19. Date Signed

20. LSP Case Number 21. Leave Recipient Eligibility Begin Date

22. Leave Recipient Eligibility End Date

**SAMPLE NOTICE**

Listed below is a sample that may be used to help Personnel Offices prepare a notice for publication requesting annual leave donations for eligible recipients. Only information that is authorized for release by the recipient on Form 3970-R may be published. A copy of the posting for a bargaining unit recipient must be provided to the appropriate local union office. Bargaining employees completing PS Form 3970-D to donate leave may submit the form to either their union or personnel office after Part II has been completed by their supervisor.

-----  
(The following would be published if the recipient authorized the release of their name, position, office and a description of their personal health condition.)

**REQUEST FOR ANNUAL LEAVE DONATIONS  
U.S. POSTAL SERVICE LEAVE SHARING PROGRAM**

We have received a request for annual leave donations from John D. Doe, a Distribution Clerk at the Anywhere Post Office, MD. Mr. Doe recently had a kidney transplant operation and is home recuperating.

Any career employee who is interested in donating annual leave, should contact their Personnel Office or union representative and request Form 3970-D, Request to Donate Leave. The LSP Case Number is 92-1A-000-001. Forms 3970-D with completed Parts I and II should be sent to:

LSP Coordinator  
U. S. Postal Service  
Personnel, Room 000  
Whatever MSC  
Whatever, MD 00000-0000

-----  
(If the recipient does not authorize a description of their health condition to be advertised, change first paragraph to read as follows.)

We have received a request for annual leave donations from John D. Doe, a Distribution Clerk at the Anywhere Post Office, MD. Mr. Doe has a serious personal health condition.

-----  
(If the recipient does not authorize their name and a description of their health condition to be advertised, change first paragraph to read as follows.)

We have received a request for annual leave donations from a Distribution Clerk at the Anywhere Post Office, MD. who has a serious personal health condition.

PS Form 3970-D

REQUEST TO DONATE LEAVE  
U.S. POSTAL SERVICE LEAVE SHARING PROGRAM

-----  
PART I - DONOR

This is notice that I, a career postal employee, wish to donate a portion (minimum of 8 hours) of my earned/unused annual leave to:

LSP Case No. \_\_\_\_\_ Recipient's Name \_\_\_\_\_  
(if available)

Recipient's Personnel Office Mailing Address:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Amount of Donation \_\_\_\_\_ whole hours

I understand that the total of my donations for the leave year may not exceed half of the amount of annual leave I earn each year based on my leave category at the time of the donation, and does not include leave in excess of the maximum carryover which I would not be permitted to use before the end of leave year. I cannot cancel this donation and that, once deducted from my annual leave account, no part of it will ever be recredited to me.

Donor's SSN \_\_\_\_\_ Donor's Name \_\_\_\_\_  
(Print)

Donor's Home Address \_\_\_\_\_  
\_\_\_\_\_

Donor's Home Phone \_\_\_\_\_

Donor's Signature \_\_\_\_\_ Date: \_\_\_\_\_

-----  
(DONOR - REMOVE THIS BOTTOM PORTION TO KEEP WITH YOUR RECORDS)

LSP Case No. \_\_\_\_\_ Recipient's Name \_\_\_\_\_  
(if available)

Amount of Donation \_\_\_\_\_ whole hours Date \_\_\_\_\_

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**PART II - IMMEDIATE SUPERVISOR/MANAGER**

I am not the designated recipient listed in Part I, and the amount of leave the above donor wishes to donate does not include any annual leave hours subject to forfeiture (leave in excess of the maximum carryover which the employee would not be permitted to use before the end of the leave year).

Eligible     Not Eligible (Provide Reason) \_\_\_\_\_

\_\_\_\_\_  
Supervisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor's Title \_\_\_\_\_

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**PART III - 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 recipient is eligible to receive donated leave.

LSP Coordinator's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

REMARKS AND/OR CHANGES

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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EXHIBIT #4

DONATED LEAVE TRANSFER FORM  
U. S. POSTAL SERVICE LEAVE SHARING PROGRAM

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PART I - PERSONNEL OFFICE

INITIATED BY \_\_\_\_\_ DATE \_\_\_\_\_

RECIPIENT NAME \_\_\_\_\_ SSN \_\_\_\_\_

DONOR NAME \_\_\_\_\_ SSN \_\_\_\_\_

AMOUNT OF DONATION \_\_\_\_\_ HOURS

RECIPIENT ELIGIBILITY BEGIN DATE \_\_\_\_\_ END DATE \_\_\_\_\_

(FORWARD TO FINANCE OFFICE UNDER RESTRICTED COVER.)

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PART II - FINANCE OFFICE

[ ] DONATION SUCCESSFULLY TRANSFERRED

[ ] INVALID DONOR

[ ] DONATION REDUCED TO \_\_\_\_\_ HOURS DUE TO:

[ ] EXCEEDS MAXIMUM AMOUNT ALLOWED

[ ] INSUFFICIENT EARNED ANNUAL LEAVE

[ ] OTHER \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ADJUSTMENT CLERK'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

(WHEN COMPLETED RETURN TO PERSONNEL OFFICE UNDER RESTRICTED COVER.)

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PART III - PERSONNEL OFFICE

FORM 3970-D, REQUEST TO DONATE LEAVE, HAS BEEN ANNOTATED WITH APPROPRIATE REMARKS AND/OR CHANGES. DONOR HAS BEEN NOTIFIED OF ANY CHANGES TO FORM 3970-D.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
(File this form in DDE input audit file.)