



Leave Sharing Program Request to Receive Donated Leave

The applicant or individual applying on behalf of the applicant completes and signs Section I. After completion of Section I, forward to the applicant's supervisor, who completes Section II. After Sections I and II have been completed, forward to the processing personnel office who completes Section III.

Section I - Initial Request (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 or transitional 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 40 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 Number
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Position Title	Employing Office
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Earned/Unused Leave Balances at End of Last Pay Period Annual _____ Sick _____	Leave Without Pay (LWOP) Hours Used for This Personal Health Condition
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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 or transitional employees.

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

Applicant authorizes the advertisement of his or her name, position, office, and a description of the health condition in a posted notice. (Provide the description to be released below:)

Applicant does **not** authorize the advertisement of a description of the health condition in a posted notice. **(Only applicant's name, position, and office will be published.)**

Applicant does **not** authorize the advertisement of his or her name and a description of the health condition in the notice. **(Only applicant's 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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