

For: FFAS National Office and FAS Overseas Employees

**Summer Open Enrollment Announcement for
FFAS Pilot Leave Bank (LB) Program for National Office and Overseas Employees**

Approved by: Acting Deputy Administrator, Management



1 Overview

**A
Background**

The Leave Bank Board (LBB) has approved proceeding with an **optional summer open enrollment** period for the Leave Bank (LB). This **pilot** program has been very successful and covers:

- FFAS employees working in the National Office
- FAS employees working Overseas.

**B
Purpose**

This notice:

- obsoletes Notice PM-2278
- provides employees, who did not join LB during the late fall 2001 open enrollment period, an opportunity to join now.

Note: Employees who join during this summer **open enrollment** period will be members of LB from July 1 through the end of the leave year (LY), January 11, 2003.

For more detailed information about the FFAS LB Program, see Exhibit 1 for Frequently Asked Questions (FAQ's).

**C
Labor
Management
Obligations**

This pilot LB is open to all bargaining and nonbargaining unit employees.

Where exclusive representation exists, bargaining may be requested to the extent allowed by applicable statutes. Where contract language already addresses these policies and procedures for bargaining unit employees, contract language prevails.

Disposal Date	Distribution
February 1, 2003	All FAS, FSA, and RMA National Office employees; and FAS Overseas employees

Notice PM-2311

2 LB Information, Regulations, and FFAS Policies

**A
LB Overview**

By law, LB's require:

- a membership policy
 - a 3-member LBB
 - a membership enrollment period of at least 30 calendar days
 - that employees make a contribution of **annual leave** to become a member or to continue their membership
 - LB to operate on a **LY** basis
 - that members be able to apply to become an LB recipient and, if approved, qualify for a donation of leave from LB.
-

**B
LB Enrollment
Policy**

There will be at least 3 LB enrollment periods each LY as follows.

Type of Enrollment Period	Approximate Timeframe
Open Enrollment	Fall
New Employee Enrollment	Anytime
Use/Lose Donation/Enrollment	Winter

See Exhibit 1, item 2, for more detailed enrollment information.

**C
Summer Open
Enrollment
Period**

The summer **open enrollment period** for the FFAS LB shall be from July 1 through July 30, 2002. Each open enrollment period will be announced by at least 1 of the following methods; e-mail, notice, or Union newsletter.

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Notice PM-2311

2 LB Information, Regulations, and FFAS Policies (Continued)

D Membership Period

Employees, who join the LB during the **summer** enrollment period, will be granted membership in the FFAS LB from July 1, 2002, until January 11, 2003.

E Enrollment Donation

The minimum donation of **annual leave** required to join LB will be determined by the employee's annual leave category as follows:

- **4 hours** if you have performed less than 3 years of Federal service
- **6 hours** if you have performed 3 or more, but less than 15, years of Federal service
- **8 hours** if you have performed 15 or more years of Federal service.

In the future, the minimum donation amount can be increased or decreased by vote of LBB, but will never be less than stated in this subparagraph.

3 Applying To Be an LB Member or LB Recipient

A Becoming an LB Member

To become an LB member during this open enrollment period, do the following:

- complete FFAS-1043, FFAS Leave Bank Program - Donor Application (Exhibit 2), available on the intranet under Directories - Forms at: <http://intranet.fsa.usda.gov/fsa/>
 - in item 12, check the box titled "Membership Contribution"
 - in item 13, enter the annual leave hours required for membership according to subparagraph 2 E
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Notice PM-2311

3 Applying To Be an **LB Member or LB Recipient (Continued)**

A

Becoming an LB Member (Continued)

- complete, sign, and FAX FFAS-1043 to HRD as follows:

ATTN: HRD Leave Bank Coordinators
HRD-PMBAB
FAX: 202-418-9129.

Note: FFAS-1043's **must** be signed.

B

Gift Donations to LB

LB will accept **gift** donations of annual leave or restored annual leave at anytime during LY. To make a gift donation, follow the FFAS-1043 instructions in subparagraph A, with the exception of item 12, Type of Contribution, check the box titled "Gift". All gift donations will be greatly appreciated.

Note: If a gift donor wants their donation to **also** apply toward LB membership, then they must apply during an authorized open enrollment period.

C

Qualifying To Be an LB Recipient

To **quality** as an LB recipient, an employee must:

- be a member of LB
 - have or is expecting to have a personal medical emergency or a family member with a medical emergency
 - anticipate having a minimum of 24 hours of unpaid leave during the emergency.
-

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3 Applying To Be an LB Member or LB Recipient (Continued)

D

Applying To Be an LB Recipient

To apply to become a recipient, the LB member or someone acting on behalf of the member must:

- complete FFAS-1046, FFAS Leave Bank Program - Recipient Application (Exhibit 3), available on the intranet under Directories - Forms at <http://intranet.fsa.uda.gov/fsa>
- obtain their supervisor's signature on the completed FFAS-1046
- obtain from their physician, medical practitioner, or medical facility a written statement on office letterhead providing:
 - the approximate date the medical emergency began or will begin, when known
 - a diagnosis or prognosis of the medical condition
 - anticipated duration of the emergency, including recovery period (number of weeks, months, or whether the medical condition is on-going or considered terminal)
 - information on any additional therapy or treatment expected and its duration and frequency.

The completed FFAS-1046 and acceptable medical documentation must be FAXed to:

ATTN: Leave Bank Coordinators
HRD-PMBAB
FAX: 202-418-9129.

Important: To qualify as an LB recipient, because of a medical emergency affecting a **family member**, the employee must have exhausted their entitlement to Sick Leave for Family Care. See 17-PM, subparagraph 293 D, Summary of Entitlements table.

Note: Employees trying to obtain medical documentation from their health care provider should know that most medical facilities or offices will provide medical documentation by FAX to their patients.

Notice PM-2311

4 Responsibilities

A

LBB Responsibilities

By law, LBB must consist of 3 members and at least 1 member must represent a labor organization or employee group. LBB shall:

- determine overall LB policy
 - review and set membership donation requirements yearly
 - meet biweekly, unless there is no LB business to conduct
 - review and approve or disapprove recipient applications
 - determine the number of hours to be donated by LB to an approved recipient
 - notify HRD of LBB decisions
 - monitor the operations of LB.
-

B

HRD Responsibilities

HRD-PMBAB shall:

- maintain a list of LB members
 - process all membership applications (FFAS-1043's)
 - notify the employee and their timekeeper of LB membership and deduction of annual leave
 - ensure that recipient applications are complete, and include required medical documents
 - forward recipient applications to LBB
 - notify approved recipients and their timekeeper of hours donated from LB
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Notice PM-2311

4 Responsibilities (Continued)

B

HRD Responsibilities (Continued)

- maintain a list of approved leave recipients
 - notify recipients of approval and donation amount
 - notify recipient's supervisor and timekeeper of donation amount
 - close recipient cases when notified of recipient's return to duty or notification that recipient's emergency has ended
 - generate LB reports as requested by LBB.
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C

Timekeeper Responsibilities

FFAS timekeepers will be notified of LB memberships within their T&A group by HRD. Then, they shall:

- enter donated annual leave hours opposite STAR T&A transaction code 61/61
- note, in the **remarks section** of the employee's T&A, the hours donated to LB

HRD will notify and provide instructions to timekeepers for recipients who receive a donation from LB.

D

Recipient Responsibilities

Recipients have the responsibility of using **donated leave** only for hours of absence related to the medical emergency. This includes absence during the medical emergency, recovery period, follow-up examinations, therapy, and absence because of restricted work hours, all of which should be supported by medical documentation.

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Notice PM-2311

4 Responsibilities (Continued)

D

Recipient Responsibilities (Continued)

Recipients must advise the HRD LB Coordinators when their medical emergency ends in writing by FAX (202-418-9129) or e-mail to Linda Watkins.

Note: LB is **not** a substitute for someone who can qualify for a disability retirement.

E

Contact

Employees shall read the LB FAQ's in Exhibit 1.

For additional information, contact Sally Reed at 202-418-9032 or e-mail Sally_Reed@wdc.usda.gov

FFAS Pilot Leave Bank Policy–FAQ’s

**FFAS Pilot Leave Bank Policy
Frequently Asked Questions (FAQ’s)**

Introduction

5 CFR Part 630, Subpart J, Section 630.1001 - 1016, Voluntary Leave Bank Program, was made permanent legislation on December 29, 1994. This legislation allows all Federal agencies the discretion of establishing a Leave Bank, but requires that all Federal agencies operate a Leave Transfer Program.

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Purpose

These FAQ’s describe Leave Bank policy and procedures and provide guidance to the Leave Bank Board. For questions about this FAQ document, contact Sally Reed, Leave Administration Coordinator, FFAS-HRD-PMBAB at 202-418-9032.

Note

This Leave Bank Pilot will only be available to FFAS employees in the Washington, DC area and to all FAS Overseas employees.

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FFAS Pilot Leave Bank Policy–FAQ’s (Continued)

FFAS LEAVE BANK FAQ’s**1. The Leave Bank****a. What is a Leave Bank?**

A Leave Bank is a pooled fund of donated annual leave. Employees who want to join the Bank must make a minimum contribution of annual leave during a specified enrollment period. This pooled leave is then available to Leave Bank members, who are approved by the Leave Bank Board as recipients.

b. What is the difference between the Leave Bank and Leave Transfer Programs?

The qualifications to be a recipient in either the Leave Bank or the Leave Transfer Program are the same, but:

- the **Leave Transfer** Program permits employees to donate annual leave specifically to an identified recipient

Note: See 17-PM, Part 10, Section 1 for more information about the Leave Transfer Program.

- a **Leave Bank** requires an employee to become a “**member**” of the Bank by contributing annual leave during an approved enrollment period. A member is then eligible to apply and become an approved leave recipient and receive leave from the Bank.

c. Why do we need a Leave Bank Program in addition to the existing Leave Transfer Program?

Under the Leave Transfer Program, employees whose medical emergency resulted in a period of unpaid absence had to rely solely on friends and co-workers to donate annual leave. In some cases, a recipient is new to the Agency and has not established acquaintances or sometimes solicitations for donations are unanswered. Under a Leave Bank Program, a reserve of leave hours is held in a central Leave Bank and available to all Leave Bank members who are approved to be a leave recipient.

d. Can an employee apply to be a recipient in both the Leave Bank and the Leave Transfer Program?

Yes, the Leave Bank Board and HRD will encourage employees to apply as a recipient to **both programs**. The Leave Bank Board, initially, will need to set limitations on donations from the Bank until the program gains momentum and contributions.

Continued on the next page

FFAS Pilot Leave Bank Policy–FAQ’s (Continued)

- e. **Can a recipient, approved by both the Leave Bank and the Leave Transfer Program, receive leave from both programs simultaneously?**

Yes.

2. **Enrollment and Membership Information**

- a. **Who is eligible to become a member of FFAS’s Leave Bank?**

The following employees are eligible:

- any permanent FT or PT Federal employee working for RMA, FAS, or FSA in the Washington, DC area
- U.S. citizens working for FAS Overseas
- any temporary FT or PT employee in the above locations, who earns **annual** and sick leave.

- b. **When can I enroll and become a member of the Leave Bank?**

There will be a minimum of 3 authorized enrollment periods each year as listed below.

- (1) ***Open Enrollment.*** There will be an “*open*” enrollment held once a year in the fall that will last a minimum of 30 calendar days.
- (2) ***Individual Enrollment.*** An “*individual*” enrollment period can occur at any time during the leave year, but is restricted to new employees or employees returning from an extended absence who work for FFAS National Offices or FAS Overseas. These employees will have **30 calendar days** from their Entry on Duty date or Return to Duty date to elect to join the Leave Bank. Employees who join during their *individual* enrollment period must contribute the minimum number of annual leave hours required for membership during the preceding *open* enrollment period, and their Leave Bank coverage begins on their enrollment date and continues for the balance of the current leave year.
- (3) ***Use/Lose Enrollment and/or Donation Period.*** This enrollment/donation period will begin around mid-December and continue through the end of the leave year.

Note: *Use/lose* gifts or enrollments cannot be processed before pay period 2 of the new leave year.

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FFAS Pilot Leave Bank Policy–FAQ’s (Continued)

Important:

Optional Enrollment. The Leave Bank Board will determine, on an as-needed basis, whether there will be an “*optional*” summer enrollment period. An employee joining the Bank during an authorized *optional* enrollment period will receive Leave Bank coverage from the date specified in an employee notification through the end of the leave year that is current.

c. How do I join and become a member of the Leave Bank?

Complete and sign FFAS-1043, FFAS Leave Bank Program - Donor Application, and FAX to:

Leave Bank Coordinators
HRD-PMBAB
FAX: 202-418-9129.

d. How much leave must I contribute to join the Leave Bank?

To join the Leave Bank, there will be a minimum **annual leave** contribution amount required. The yearly amount will be determined by the Leave Bank Board before each fall *open* enrollment period.

Note: During the Leave Bank’s Pilot LY 2002, the contribution amount will be based on the employee’s annual leave category as follows:

- **4 hours** if you have performed less than 3 years of Federal service
- **6 hours** if you have performed 3 or more, but less than 15, years of Federal service
- **8 hours** if you have performed 15 or more years of Federal service.

In the future, the Leave Bank Board may increase or decrease the required contribution amount when the balance in the Leave Bank cannot meet the needs of its members. Any changes will be scaled incrementally based on leave category, but the contribution amount will never be less than the above.

e. What period of time is covered by joining the Leave Bank during the fall *open* enrollment period?

One (1) leave year, which starts with pay period 1 of the upcoming leave year and ends with the last pay period of the applicable leave year.

Continued on the next page

FFAS Pilot Leave Bank Policy–FAQ’s (Continued)

- f. What period of time is covered if I join the Leave Bank during an *individual, optional, or use/lose* enrollment period?**

Membership during one of these 3 enrollment periods will **only** cover the balance of the current leave year.

- g. Will I need to complete a new enrollment form each year to continue my Leave Bank membership?**

No. Members in the Leave Bank will automatically have their membership renewed during subsequent *open* enrollment periods. In the case of an automatic renewal, the employee’s contribution amount will be deducted from their annual leave balance as soon as the enrollment period closes. HRD will notify the employee and the timekeeper on the timing of the deduction.

- h. Can I join the Leave Bank or renew my Leave Bank membership if I currently do not have any annual leave?**

Yes. An employee may join or renew their Leave Bank membership with the understanding that their enrollment contribution will be deducted and treated as “advanced annual leave”.

- i. When I join the Leave Bank, when will my membership contribution be deducted from my annual leave account?**

The HRD Leave Bank Coordinators will notify employees and their timekeepers as to the pay period in which STAR transaction code 61/61 should be used to record leave bank donation.

- j. Can I join the Leave Bank if I’m currently an approved leave recipient in the Leave Transfer Program?**

Yes.

- k. Would a pre-existing condition prevent me from joining and receiving a donation from the Leave Bank?**

No.

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FFAS Pilot Leave Bank Policy–FAQ’s (Continued)

3. Membership Contributions and Other Donations**a. Can I donate more annual leave than the required contribution amount during an enrollment period?**

Yes, but any extra annual leave that is donated is considered a gift and **cannot be used** to extend membership beyond the covered leave year.

b. Can I use *restored* annual leave to join the Leave Bank?

Yes, you may contribute *restored* annual leave to join the Leave Bank, but you must join during an authorized “enrollment period”.

c. Can I donate *restored* annual leave that would otherwise be forfeited?

Yes, you may donate *restored* annual leave as a gift to the Leave Bank at any time during the leave year.

d. When can I donate my *excess* annual leave?

Employees may donate their *excess* annual leave starting in mid-December and continuing through the end of the leave year. *Excess* annual leave may be used to join the Leave Bank or may be donated to the Bank as a gift.

e. Are there limitations as to how much *annual leave* may be donated during a leave year?

Yes, there are limitations based on an employee’s leave earnings category. There are also limitations on *excess* annual leave which are based on the number of scheduled work hours the employee has left in the leave year. See 17-PM, Part 10, Section 1, subparagraph 240 C.

f. Can exceptions be made to these donor limitations?

Yes, the Leave Bank Board can grant exceptions to limitations.

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FFAS Pilot Leave Bank Policy–FAQ’s (Continued)

g. How can I donate my *excess or restored* annual leave?

Complete FFAS-1043, FFAS Leave Bank Program - Donor Application. Be sure to check the “*type*” of annual leave being donated, and FAX to **Leave Bank Coordinators, HRD-PMBAB at 202-418-9129.**

4. The Leave Bank Board**a. What is a Leave Bank Board and what are their responsibilities?**

The Leave Bank Board is the governing body of the Leave Bank. Board members will:

- review all leave recipient applications, verify eligibility, and approve or disapprove the application
- determine the amount of Bank leave that will be awarded to an approved recipient
- monitor the leave balance in the Leave Bank throughout the year
- establish rules for allocating limited available Bank leave
- recommend revisions to Leave Bank policy
- work closely with HRD’s Leave Bank Coordinators
- analyze the Bank’s past performance to determine whether it is necessary to raise or lower the minimum donation required to join the Bank
- deal with employees who abuse their Bank privileges.

Note: The Board, FFAS Unions, HRD, and Partnership Councils will share the responsibility for publicizing the Leave Bank.

b. How many people serve on a Leave Bank Board?

By law, a Leave Bank Board must consist of 3 members, at least 1 of whom must represent a labor organization or employee group.

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FFAS Pilot Leave Bank Policy–FAQ’s (Continued)

c. How long do Bank Board members serve?

The Bank Board members will serve for a 2-year period.

d. How often will the Bank Board meet?

The Board will be scheduled to meet biweekly, **unless** there are no recipient applications to review or decisions to be made. The Board will advise HRD’s Leave Bank Coordinators of all decisions made during their meetings.

5. Becoming a Leave Bank Recipient**a. Are the qualifications to be a Leave Recipient the same for both the Leave Bank and Leave Transfer Programs?**

Yes, there must be a **medical emergency** that affects the employee or a family member, and there must be a substantial loss of income.

b. What constitutes “a substantial loss of income”?

For a full-time employee, OPM considers a substantial loss of income as an absence from work **without available paid leave** of at least 24 hours or more. If you are a part-time employee, a substantial loss of income is an absence from work without available paid leave, that will last at least 30 percent of the number of hours the PT employee is scheduled to work in a pay period.

For example, if you are a part-time employee scheduled to work 64 hours each pay period, then to qualify your absence without paid leave must be at least 19 hours or more.

c. What does the law consider “available paid leave”.

Accrued (accumulated), restored, or excess annual leave and accrued sick leave, but **does not include advanced leave**.

d. How does the “lack of paid leave” apply to a *personal* medical emergency?

To qualify as a recipient for a *personal* medical emergency, all available annual and sick leave, as defined in “c” above, must be exhausted or must be exhausted sometime during the medical emergency.

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FFAS Pilot Leave Bank Policy–FAQ’s (Continued)

e. How does the “lack of paid leave” apply to the medical emergency of a *family* member?

To qualify as a recipient because of a medical emergency of a *family* member is **more complicated**. The employee must have exhausted all available annual or restored annual leave and, more importantly, they must have exhausted their entitlements to Sick Leave for Family Care (SLFC) as described in 17-PM, Part 10, Section 3. See subparagraph 293 D for a summary of entitlements under SLFC.

f. Who is considered a *family* member under the Leave Bank and Leave Transfer Programs?

A family member means:

- your spouse and his/her parents
- your children, including adopted children, and their spouses
- your parents
- your brothers, sisters, and their spouses
- any individual related by blood or affinity whose close association with you is the equivalent of a family relationship.

g. How do I apply to become a Leave Bank recipient?

The employee or someone acting on their behalf shall complete FFAS-1046, FFAS Leave Bank Program - Recipient Application, and attach acceptable medical documentation. FFAS-1046 must be signed by the employee or their designee, then forwarded to the employee’s supervisor for signature. The completed FFAS-1046, along with the medical documentation, must be FAXed to the HRD Leave Bank Coordinators at 202-418-9129. The Leave Bank Coordinators will review the recipient applications, verify current leave balances, and ensure that the medical documentation is attached. The recipient’s application package will then be forwarded to the Leave Bank Board for approval or disapproval.

h. What information must be included on the medical documentation?

The medical documentation must be on letterhead that identifies the licenced medical facility or licenced medical practitioner(s). The facility or practitioner must include:

- the approximate date the medical emergency began or will begin
- a diagnosis or prognosis of the medical emergency

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FFAS Pilot Leave Bank Policy–FAQ’s (Continued)

- the anticipated duration of the emergency, including recovery period (number of weeks, months, or whether the medical condition is an on-going or terminal medical condition)
- whether additional therapy or treatment is expected and its frequency and duration.

Note: If the medical documentation is **not** complete, the applicant will be asked to provide additional medical documentation. The Leave Bank Board may request a second opinion, but if they do the medical charges would be paid for by the Agency.

i. What if I am unable to complete a recipient application because of my medical condition?

A designee (family member, friend, co-worker, or supervisor) may complete FFAS-1046 on your behalf.

j. If my application is complete, how long will it take the Leave Bank Board to advise of approval or disapproval?

The Leave Bank Board will make every attempt to respond within 10 workdays of receiving your recipient application from HRD.

k. What rights does an applicant have if their recipient application is disapproved?

The Leave Bank Board must provide a reason for disapproval. If there is medical information missing, the employee may request the Board to reconsider their application. A request for reconsideration must be filed within 15 workdays of receipt of disapproval and must be accompanied by the additional medical documentation. The decision of the Leave Bank Board is final.

l. Is the Leave Bank obligated to disclose the nature of my medical emergency?

One of the important benefits of the Leave Bank Program is that your medical documentation and medical condition will be kept in the **strictest confidence** by the members of the Leave Bank Board and the Leave Bank Coordinators in HRD.

Note: If an employee also applies to become a recipient in the Leave Transfer Program and does not want the circumstances of their medical emergency known, then they must pay close attention to AD-1046, item 18 and be sure to “check” the appropriate nondisclosure box.

Continued on the next page

FFAS Pilot Leave Bank Policy–FAQ’s (Continued)

6. Responsibilities of HRD’s Leave Bank Coordinators**a. What are the responsibilities of the Leave Bank Coordinators?**

HRD’s Leave Bank Coordinators will handle “day-to-day” Bank business. Their functions include:

- maintenance of a Leave Bank member list
- biweekly data load of information from the NFC database to the Leave Bank software
- providing the Leave Bank Board with the current information on the balance in the Leave Bank
- notifying members, recipients, and their timekeeper of the actions needed for STAR T&A system
- reviewing all recipient applications (FFAS-1046’s)
- advising a Leave Bank member of their approval or nonapproval as a leave recipient
- advising an approved recipient and their timekeeper of the Leave Bank donation amount
- handling data input during open seasons
- responding to routine questions from members or prospective members.

b. Who will process membership contributions and other donations to the Leave Bank?

All donations and membership contributions will be verified and HRD’s Leave Bank Coordinators will notify the employee and their timekeeper of the proper STAR T&A action needed.

7. Receiving and Using Donated Leave**a. What criteria will be used by the Leave Bank Board to determine how much leave an approved recipient will receive from the Leave Bank?**

The Leave Bank Board will take into consideration the number of hours in the Leave Bank and the number of hours requested by the recipient and make a decision.

The Leave Bank will initially have a yearly **maximum** donation per approved recipient of 80 hours, which in the future can be adjusted by the Leave Bank Board.

Note: During the first year of FFAS’s pilot Leave Bank, there may be a limited amount of leave in the Leave Bank. We recommend that qualifying recipients apply to both the Leave Transfer Program and the Leave Bank for donations to cover their medical emergency.

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FFAS Pilot Leave Bank Policy–FAQ's (Continued)

b. What can donated hours from the Leave Bank be used for?

Donated leave hours may only be applied to unpaid leave hours that are related to the recipient's approved medical emergency, such as surgery, treatment, recovery, follow-up therapy, exams, ongoing medical treatment, and care of a family member.

c. Can donated leave be retroactively applied to advanced annual leave, advanced sick leave, or unpaid leave hours that were used before the employee's approval as a leave recipient?

Yes, donated leave can be used to liquidate (that is, pay back) advanced annual leave, advanced sick leave, or retroactively substituted for LWOP.

d. Will I receive one lump-sum donation from the Leave Bank after I'm approved as a recipient.

Yes, the Leave Bank will make one lump-sum donation. The Leave Bank Board may change this policy in the future.

8. Other Administrative Details**a. What are the recipients' responsibilities when their medical emergency ends?**

The recipient shall notify the HRD Leave Bank Coordinators in writing as soon as their medical emergency ends (FAX 202-418-9129). The Leave Bank Coordinators in turn will close the recipient case and notify the Leave Bank Board.

b. What if I'm an approved leave recipient and decide to apply for disability retirement?

When you discuss applying for disability retirement with one of HRD's Retirement Counselors, be sure to mention that you are an approved leave recipient because leave donations can have a negative impact on your entitlements to retroactive pay if you are approved for disability retirement.

Note: The Leave Bank and the Leave Transfer Program are **not substitutes** for someone seeking and qualifying for a *disability retirement*.

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FFAS Pilot Leave Bank Policy–FAQ’s (Continued)

c. What if I do not use all the hours from the Leave Bank?

Any unused hours must be returned to the Leave Bank.

d. Will employees on “leave restrictions” be allowed to apply and receive donations from the Leave Bank?

The Leave Bank Board will consult with HRD’s Employee Relations Branch on matters involving an employee on leave restrictions.

e. Can I donate *sick* leave to the Leave Bank?

No, by law, sick leave cannot be donated to a Leave Bank or a recipient in the Leave Transfer Program.

f. Can I change my mind after I’ve donated leave to the Leave Bank and request to have my leave returned?

No, by law, donations to a Leave Bank or to a Leave Recipient cannot be returned to the donor after the donation has been processed by HRD.

g. What happens to my Leave Bank membership if I resign, retire, or transfer, etc.?

Membership is automatically cancelled when an employee resigns, retires, transfers to another Federal position (outside of FFAS), dies, is approved for disability retirement, or qualifies for Office of Worker’s Compensation Program (OWCP) payments. The cancellation is effective on the date of action or approval. There are no refunds of hours donated to the Leave Bank.

h. How or when can I cancel my Leave Bank membership?

Membership in the Leave Bank is for a leave year or the remaining portion of a leave year, as applicable. Employees who want to cancel or do not wish to renew their Leave Bank membership shall notify one of HRD’s Leave Bank Coordinators in writing, by FAX, or by e-mail. Employees, who do not want to renew their LB membership for an upcoming LY, must notify HRD before or during the fall *open* enrollment period. Their membership will be cancelled effective on the last day of the leave year.

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FFAS Pilot Leave Bank Policy–FAQ’s (Continued)

i. Can the Leave Bank Board terminate my recipient status and membership in the Leave Bank?

Yes, the Board can terminate a member’s recipient status or membership in the Leave Bank for:

- fraud, that is, falsifying medical documentation
- failure to provide additional medical documentation as requested by the Leave Bank Board
- falsifying time and attendance information
- using donated leave for hours unrelated to the medical emergency.

Note: Falsifying or altering any Government or medical document(s) can lead to disciplinary action, including suspension from work or termination of employment.

FFAS-1043, FFAS Leave Bank Program - Donor Application

REPRODUCE LOCALLY. Include form number and date on all reproductions.

FFAS-1043 (10-12-01)		FOR PERSONNEL USE ONLY:
FFAS LEAVE BANK PROGRAM - DONOR APPLICATION		
INSTRUCTIONS: Use this form to request the transfer of earned annual leave to the leave bank under 5 CFR Part 630, Section 630.1001. After completion, sign and forward to Leave Bank Coordinator (LBC).		
Part A - Completed by Donor		
1. NAME OF DONOR (<i>Last, First, Middle Initial</i>)		2. SOCIAL SECURITY NUMBER
3. POSITION TITLE	4. SERIES, GRADE, PAY LEVEL	5. ORGANIZATIONAL TITLE (<i>Agency, Division, Branch, Section</i>)
6. OFFICE LOCATION AND STOP CODE		7. OFFICE TELEPHONE NUMBER
8. NAME OF TIMEKEEPER	9. TIMEKEEPER TELEPHONE NUMBER	10. TIMEKEEPER FAX NUMBER
DONOR LIMITATIONS: Please review the information below. Full-time employees may not transfer more than 1/2 of the annual leave earned during this leave year unless a waiver is approved by the Leave Bank Board. 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. 78 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 you may compute your transfer limit using the formula below: Limit for part-time employee = 13 X $\frac{\text{Duty hours in Pay Period}}{80}$ X leave earning category		
11. TYPE OF ANNUAL LEAVE DONATED (<i>Check One</i>)	12. TYPE OF CONTRIBUTION	13. NUMBER OF HOURS DONATED
<input type="checkbox"/> EARNED <input type="checkbox"/> RESTORED <input type="checkbox"/> EXCESS	<input type="checkbox"/> MEMBERSHIP CONTRIBUTION <input type="checkbox"/> GIFT	
CERTIFICATION OF VOLUNTARY CONTRIBUTION: I certify that I am making this contribution entirely of my own free will and that no attempts have been made to coerce me to donate this leave. I understand that I have no right under any circumstances (including a medical emergency of my own) to have this donated leave restored.		
14. SIGNATURE OF DONOR		15. DATE
Part B - Agency Review and Approval		
16. CURRENT ANNUAL LEAVE BALANCE	17. APPLICATION STATUS	18. REASON FOR DISAPPROVAL
	<input type="checkbox"/> APPROVED ^{1/} <input type="checkbox"/> DISAPPROVED	
19. SIGNATURE OF LEAVE BANK COORDINATOR (LBC)		20. DATE
		21. TELEPHONE NUMBER OF LBC
Part C- Application Submission (<i>After submitting please call Leave Bank Coordinator to verify application was received</i>)		
22. FAX Number		23. E-mail Address
(202) 418-9129 Attn: Leave Bank Coordinator FFAS HRD PMBAB		HR_BENEFITS@WDC.USDA.GOV (<i>INTERNET USERS</i>) HR BENEFITS (<i>GROUPWISE USERS</i>)
PRIVACY ACT STATEMENT		
U.S.C 6311 authorizes collection of this information. Your social security number is requested solely for the purposes 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.		
^{1/} This application meets all criteria required for annual leave contribution by law, regulation and agency policy. (<i>The donor will be advised by a Leave Bank Coordinator as to when this contribution will be deducted.</i>)		
The U.S. Department of Agriculture (USDA) prohibits discrimination in all its programs and activities on the basis of race, color, national origin, gender, religion, age, disability, political beliefs, sexual orientation, and marital or family status. (Not all prohibited bases apply to all programs.) Persons with disabilities who require alternative means for communication (Braille, large print, audiotape, etc.) should contact USDA's TARGET Center at (202) 720-2600 (voice and TDD). To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington, D. C. 20250-9410 or call (202) 720-5964 (voice or TDD). USDA is an equal opportunity provider and employer.		

FFAS-1046, FFAS Leave Bank Program - Recipient Application

REPRODUCE LOCALLY. Include form number and date on all reproductions.

FFAS-1046 (10-15-01)		FOR PERSONNEL USE ONLY:	
FFAS LEAVE BANK PROGRAM - RECIPIENT APPLICATION			
INSTRUCTIONS: Use this form to apply as a recipient in the leave bank program under 5 CFR Part 630, Section 630.1001. Attach to this form the appropriate medical documentation describing your medical emergency. The medical documentation shall include diagnosis or prognosis and anticipated duration of the condition. After completing this form, have your supervisor sign concurrence and FAX your application to the Leave Bank Coordinators in HRD-PMBAB. You will be notified of approval or disapproval.			
Part A - Completed by Recipient <i>(This application may be completed by someone acting on behalf of the recipient)</i>			
1. NAME OF APPLICANT <i>(Last, First, Middle Initial)</i>		2. SOCIAL SECURITY NUMBER	
3. POSITION TITLE	4. SERIES, GRADE, PAY LEVEL	5. ORGANIZATIONAL TITLE <i>(Agency, Division, Branch, Section)</i>	
6. OFFICE LOCATION AND STOP CODE		7. OFFICE TELEPHONE NUMBER	8. APPLICANT HOME TELEPHONE NUMBER
9. NAME OF TIMEKEEPER		10. TIMEKEEPER TELEPHONE NUMBER	11. TIMEKEEPER FAX NUMBER
12. ANTICIPATED OR ACTUAL DURATION OF MEDICAL EMERGENCY <i>(if known)</i> Beginning Date		13. APPROXIMATE NUMBER OF LEAVE HOURS NEEDED FOR THIS EMERGENCY	
Ending Date			
14. TYPE OF MEDICAL EMERGENCY			
<input type="checkbox"/> PERSONAL MEDICAL <input type="checkbox"/> FAMILY MEDICAL <i>(See NOTE below)</i>			
NOTE: When applying to be a recipient due to the medical emergency of a family member, all entitlements to Sick Leave for Family Care (SLFC) must be exhausted. Sick Leave for Family Care (SLFC) information can be found in 17-PM, Part 10, Section 3, Page 10-115.			
Part B - Recipient or Designee and Supervisor Certification			
I certify that (1) I have been affected by the medical emergency described in the attachment since the date indicated above, (2) expect to be absent from duty without paid leave for at least a 24 hours due to medical a emergency. I further certify that I am not receiving unemployment benefits or workers' compensation benefits in connection with this medical emergency which I am requesting leave donations for.			
15. SIGNATURE OF APPLICANT OR DESIGNEE			16. DATE
17. SIGNATURE OF SUPERVISOR	18. DATE	19. CONCURRENCE <input type="checkbox"/> YES <input type="checkbox"/> NO	20. SUPERVISOR'S TELEPHONE NUMBER
Part C - Agency Review and Board Approval			
21. APPLICANT'S CURRENT ANNUAL LEAVE BALANCE	22. APPLICANT'S CURRENT SICK LEAVE BALANCE	23. APPLICATION STATUS <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED	
24. REASON FOR DISAPPROVAL			
25. SIGNATURE OF LEAVE BANK BOARD OFFICIAL		26. DATE	27. NUMBER OF LEAVE BANK HOURS PROVIDED TO RECIPIENT
28. LEAVE CATEGORY TO APPLY DONATED LEAVE <input type="checkbox"/> CURRENT USE <input type="checkbox"/> ADVANCED SICK LEAVE <input type="checkbox"/> ADVANCED ANNUAL LEAVE <input type="checkbox"/> LWOP			
Part D- Application Submission <i>(After submitting please call Leave Bank Coordinator to verify application was received)</i>			
29. FAX NUMBER (202) 418-9129 Attn: Leave Bank Coordinator FFAS HRD PMBAB			
<p style="text-align: center; font-size: x-small;">PRIVACY ACT STATEMENT</p> U.S.C 6311 authorizes collection of this information. Your social security number is requested solely for the purposes 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.			
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