UNITED STATES POSTAL SERVICE ®

Leave Sharing Program
Request to Donate Leave

Instructions: This is a three-part form.

- Part I must be completed and signed by the donor. The donor retains the bottom portion for his or her records.
- Part II must be completed by the donor's immediate supervisor.
- Part III must be completed by the Human Resources Shared Service Center (HRSSC).

Part I. Initial Request *(To be completed by Donor)*

I certify that I am a career postal or other non-career employee eligible per a collective bargaining agreement and wish to donate a portion (minimum of 8 hours) of my **earned/unused** annual leave to:

LSP Case No.	Recipient's Name *(If available)*	Amount of Donation *(In whole hours)*

Mailing Address of Recipient's Personnel Office

I understand that the total amount of my donations for the leave year may not exceed half of the amount of annual leave that 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 that I would not be permitted to use before the end of the leave year. I cannot cancel this donation and no part of it will ever be recredited to me once deducted from my annual leave account.

Donor's Name *(First, MI, Last)*	Employee Identification Number

Donor's Home Address

Signature of Donor	Date Signed

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Donor — Remove Bottom Portion Before Forwarding to Supervisor

Donor — Retain for Your Records

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LSP Case No.	Recipient's Name *(If available)*
Amount of Donation *(In whole hours)*	Date Submitted

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Part II. Approval *(To be completed by Donor's Immediate Supervisor)*

I am not the designated recipient listed in Part I and the amount of leave that 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 *(Give Reason)* _____

Signature and Title of Supervisor	Date Signed

Part III. Eligibility Approval *(To be completed by HR Shared Service Center)*

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.

Signature of HR Shared Service Center Manager or Designee	Date Signed

Remarks or Changes