FORM CD-505 LF
REV. 7-95)

U S. DEPARTMENT OF COMMERCE

DONOR'S LEAVE TRANSFER APPLICATION

(Must be typed or printed legibly)

PART 1 DONOR

A. RECIPIENT IDENTIFICATION

1. Name of recipient _____
2. Social security # DO NOT PROVIDE
3. Organization/office _____

B. DONOR IDENTIFICATION

1. Name _____
2. Social security # DO NOT PROVIDE
3. Relationship to recipient: _____
4. Position title, series, grade _____
5. Organization/office _____
6. Office address _____
7. Office phone # _____
8. Timekeeper's name _____
9. Phone # _____
10. Office address _____

C. DONOR'S LEAVE INFORMATION AS OF PAY PERIOD: _____

1. Current annual leave balance _____ hours.
2. Leave category per pay period ☐ 4 hrs. ☐ 6 hrs. ☐ 8 hrs.
3. Amount of annual leave to be transferred _____ hours.

D. WAVIERS AND CERTIFICATION

I acknowledge that except for any leave unused by the recipient, I have no right under any circumstances, including my own personal emergency, to have any of the leave I donate restored to me; and

I waive the right to have any unused donated leave restored to me if I leave the Department of Commerce before the end of the recipient's personal emergency.

I certify that the information on this application is true and correct to the best of my knowledge.

Signature _____ Date _____

PART II: APPROVAL BY SUPERVISOR

I acknowledge and ☐ approve ☐ disapprove

this employee's application to donate annual leave.

Name _____

Phone # _____ Date _____

Signature _____

PART III: APPROVAL BY DONOR'S SERVICING PERSONNEL OFFICE

I certify that this application ☐ meet ☐ does not meet

all criteria required for annual leave transfer by law and regulation,

and i ☐ approved ☐ disapproved.

Name _____

Phone # _____ Date _____

Signature _____

If disapproved, state reasons for disapproval _____

PART IV: CERTIFICATION BY RECIPIENT'S SERVICING PERSONNEL OFFICE

I certify that this donor's annual cleave donation has been accepted in the

amount of _____ hours, which will be credited in pay

period _____

Name _____

Phone # _____

Signature _____

PRIVACY ACT STATEMENT

Section 6311 of Title 5 of the U.S. Code authorizes collection of this information. The primary use of this information is by management and your servicing personnel office to effect leave transfers, including disclosure, as specified by you, to leave donors. Additional disclosures of the information may be: to the Department of Labor when processing a claim for compensation regarding a job-connected injury or illness; to a state unemployment compensation office regarding a claim; to Federal life insurance or health benefits carriers regarding a claim; to a Federal, state, or local law enforcement agency when the Department becomes aware of a violation or possible violation of civil or criminal law; to a Federal agency when conducting an investigation on you for employment or security reasons; to the Office of Personnel Management or General Accounting Office when the information is required for evaluation of leave administration; and to the General Services Administration in connection with its responsibilities for records management.

Where the employee identification number is your Social Security number, collection of this information is authorized by Executive Order 939 7. Furnishing the information on this form, including your Social Security number, is voluntary, but failure to do so may result in disapproval of this request.

WARNING

False statements made in connection with a request for leave transfer may be the basis for disqualification for participation in the leave transfer program, disciplinary action up to and including removal from the Federal service, criminal prosecution, and liability for the amount of leave dishonestly gained.

Distribute copies to the recipients servicing personnel office, the donor's servicing personnel office, the donor, the donor's supervisor and timekeeper.