



Leave Sharing Program  
Request to Receive Donated Leave

The applicant or individual applying on behalf of the applicant completes and signs Section I. After completing 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, which 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 (LSP). I certify that (1) I am a career or transitional Postal Service employee; (2) I am unable (or expect to be unable) to perform available Postal Service 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 (Last, first, MI)		Employee ID
Position Title	Employing Office	
Earned/Unused Leave Balances at End of Last Pay Period Annual _____ Sick _____	Leave Without Pay (LWOP) Hours Used for This Personal Health Condition	
If applying on behalf of applicant, provide:		
Name	Relationship	Telephone Number (Include area code)

**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 his or her eligibility is established.

I am aware of the Postal Service policy to protect the voluntary nature of donations by keeping the identities of leave donors confidential. 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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**Section II - Approval (Completed by applicant's 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 or will be granted approved absence due to this health condition; (3) the health condition is **not** job related; and (4) the employee has or is expected to accumulate 40 or more hours of leave without pay due to this condition in addition to the depletion of his or her earned annual and sick leave balances.

Enter date the applicant accumulated (or will accumulate)  
40 hours of LWOP due to this personal health condition: \_\_\_\_\_

☐ Approved

☐ Disapproved (Give reason) \_\_\_\_\_

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

Signature and Title of Supervisor

Date Signed

**Section III - Eligibility Approval (Completed by processing personnel office)**

I have reviewed Sections I and II, and based on the information provided and a review through On-Line Query (OLQ) U01A, the applicant is eligible to receive donated leave.

Signature of Human Resources Manager or Designee

Date Signed

LSP Case No.

Leave Recipient Eligibility Begin Date

Leave Recipient Eligibility End Date

**Privacy Act Statement:**

Your information will be used to grant or deny your request to receive donated leave. Collection is authorized by 39 USC 401, 410, 1001, 1003, 1004, 1005, and 1206.

Providing the information is voluntary, but if it is not provided, we may not process your request. We may only disclose your information as follows: in relevant legal proceedings; to law enforcement when the USPS® or requesting agency becomes aware of a violation of law; to a congressional office at your request; to entities or individuals under contract with USPS; to entities authorized to perform audits; to labor organizations as required by law; to federal, state, local or foreign government agencies regarding personnel matters; to the Equal Employment Opportunity Commission; and to the Merit Systems Protection Board or Office of Special Counsel. For more information regarding our privacy policy, visit us at [www.usps.com](http://www.usps.com).

Computer Matching: Limited information may be disclosed to a Federal, state, or local government administering benefits or other programs pursuant to statute for the purpose of conducting computer matching programs under the Act. These programs include, but are not limited to, matches performed to verify an individual's initial or continuing eligibility for, indebtedness to, or compliance with requirements of a benefit program.