



Leave Sharing Program  
**Request to Donate Leave**

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. After completion of Part I, it must be submitted to the donor's immediate supervisor for completion of Part II. After Parts I and II have been completed, this form must be submitted to the Processing Personnel Office for completion of Part III.

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

I certify that I am a career postal employee and wish to donate a portion (minimum of 8 hours) of my **earned/unused** annual leave to:

LSP Case No.	Recipient's Name <i>(If available)</i>	Amount of Donation <i>(In whole hours)</i>
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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 <i>(First, M.I., Last)</i>	Donor's Social Security No.
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Donor's Home Address

Signature of Donor	Date Signed
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PS Form **3970-D**, November 1991 *(Front)*

**Donor - Remove Bottom Portion Before Forwarding to Supervisor**

**Donor - Retain for Your Records**



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

Detached From PS Form **3970-D**, November 1991

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

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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) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Signature and Title of Supervisor

Date Signed

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**Part III - Eligibility Approval** *(To be completed by Processing Personnel Office)*

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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.

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Signature of Human Resources Director or Designee

Date Signed

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Remarks and/or Changes