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**FFAS-1043**  
(11-29-07)

**FOR PERSONNEL USE ONLY:**

**FFAS LEAVE BANK PROGRAM - MEMBERSHIP 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 (Last, First, Middle Initial)		2. SOCIAL SECURITY NUMBER (last 4 digits)	
3. POSITION TITLE	4. SERIES, GRADE, PAY LEVEL	5. ORGANIZATIONAL TITLE (Agency, Division, Branch, Section)	
6. OFFICE LOCATION AND STOP CODE		7. OFFICE TELEPHONE NUMBER (Include Area code)	
8. NAME OF TIMEKEEPER	9. TIMEKEEPER TELEPHONE NUMBER (Include Area code)	10. TIMEKEEPER FAX NUMBER (Include Area code)	

**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:

$$\text{Limit for part-time employee} = 13 \times \frac{\text{Duty hours in Pay Period}}{80} \times \text{leave earning category}$$

11. TYPE OF ANNUAL LEAVE DONATED (Check One)	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 (MM-DD-YYYY)
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**Part B - Agency Review and Approval**

16. CURRENT ANNUAL LEAVE BALANCE	17. APPLICATION STATUS <input type="checkbox"/> APPROVED <sup>1/</sup> <input type="checkbox"/> DISAPPROVED	18. REASON FOR DISAPPROVAL
19. SIGNATURE OF LEAVE BANK COORDINATOR (LBC)		20. DATE (MM-DD-YYYY)
		21. TELEPHONE NUMBER OF LBC

**Part C - Application Submission (After submitting please call Leave Bank Coordinator to verify application was received)**

22. FAX Number (202) 205-9140  
Attn: Leave Bank Coordinator  
FFAS HRD Employee Programs Branch

**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.

<sup>1/</sup> This application meets all criteria required for annual leave contribution by law, regulation and agency policy. (The donor will be advised by a Leave Bank Coordinator as to when this contribution will be deducted.)