

# *NIH Leave Bank Membership and Donation Form – Instructions*

This form is used to: (1) apply for NIH Leave Bank “membership”; (2) donate extra hours beyond the applicant’s basic membership fee to the Leave Bank; and/or (3) designate all or a portion of the extra donation in Section II, Part B to a specific individual who is a qualified leave recipient.

## **ELIGIBILITY REQUIREMENTS**

### **To become a Leave Bank member, the applicant must:**

- Be a Federal civilian employee who is eligible to earn leave;
- Be employed by the National Cancer Institute (NCI), National Human Genome Research Institute (NHGRI), or National Institute of Allergy and Infectious Disease (NIAID), and
- Complete and submit the NIH 2937 to the NIH Leave Bank Office during
  - The open enrollment period, or;
  - An individual enrollment period (within 30 calendar days from the date of employment with the NCI, NHGRI, or NIAID).

**If a member, at any point during the leave year, does not maintain the abovementioned membership criteria, the member will lose membership and therefore will not be eligible to become an NIH Leave Bank recipient.**

**Any Federal Civilian employee may donate to the NIH Leave Bank.** Donors outside of the NIH should contact the NIH Leave Bank Office for assistance.

## **INSTRUCTIONS**

Complete sections I, II, III and IV.

### **Section I:**

Complete ALL items in this section. Please type or print legibly with a ballpoint pen.

### **Section II:**

Check any boxes that apply.

**Box A** indicates that you want to enroll as a member of the NIH Leave Bank. The membership “fee” for one year’s membership in the Leave Bank is one pay period’s accrual of annual leave (**i.e., 4, 6, or 8 hours**) or an amount lower or higher as set by the NIH Leave Bank Board for a particular enrollment period. All basic membership donations will be deposited in the central Leave Bank and may not be designated to a recipient.

**Box B** indicates that you want to donate extra hours beyond your basic membership fee. Any Federal employee may make this type of donation at any time during the year.

**Box C** indicates that you want to designate all or a portion of the extra hours you show in **Box B** to an NIH employee whom you know is or will be an NIH Leave Bank recipient (someone other than your immediate supervisor). The Leave Bank Office will not disclose recipient information to donors.

**All donations of leave are deposited in the Leave Bank and will remain to the credit of the Leave Bank unless the Leave Bank is terminated.** If the person to whom you designate leave no longer has the medical emergency or he/she is not an approved Leave Recipient or pending Leave Recipient Applicant, the leave donated will be credited to the Leave Bank, not the leave donor.

### **Section III:**

Complete this section **ONLY** if you check **Box C** in **Section II**.

### **Section IV:**

Sign on the line provided in Section IV. This signature authorizes the Payroll Liaison to transfer the specified amount of annual leave from your account into the Leave Bank. It also verifies that you have read and understood this general instruction page and the NIH Leave Bank Policies and Procedures (<http://hr.od.nih.gov/benefits/leave/vlbp/resources.htm>). Any questions or concerns regarding Leave Bank policies and/or procedures should be directed to the Leave Bank Office.

### **Submission:**

After all of the sections are complete, submit the form to the NIH Leave Bank Office using one of the following methods:

**Fax:** 301-480-6146 (preferred)

**E-mail:** [leavebank@od.nih.gov](mailto:leavebank@od.nih.gov)

The NIH Secure E-mail File Transfer System (<https://secureemail.nih.gov>) can be used to send and receive secure e-mail messages.

**Mail:** Attn: Leave Bank Office  
31 Center Drive, Room B3C23  
Rockville, MD 20892-2215

**You (the applicant) will receive a confirmation of receipt e-mail within 48 hours that includes a timeframe in which the application will be processed. Once processed, the NIH Leave Bank Office will send you an e-mail indicating the status of your application and follow up instructions (if necessary).**

# NIH Leave Bank Membership and Donation Form

Before completing this form, please read the instructions page. Complete sections I, II, III, and IV only.

## Employee Information- Please Print

Name (Prefix, First, MI, Last, Suffix) \_\_\_\_\_

Social Security Number (Last 4 Digits ONLY) \_\_\_\_\_ Date \_\_\_\_\_

Organization (IC, Division, Office) \_\_\_\_\_ Building/Room \_\_\_\_\_

## Type of Leave Donation – Check all boxes that apply with an “X”

**The Leave Bank Office will transfer your contributions to the Leave Bank for you; please DO NOT donate your contributions indicated below via ITAS.**

- A.  I hereby apply for membership in the NIH Leave Bank. I authorize the NIH to deduct one pay period’s accrual (or such other amount as the NIH Leave Bank Board has established for this enrollment period) of annual leave from my account for deposit into the NIH Leave Bank. My per pay period annual leave accrual is \_\_\_\_\_ hours.
- B.  In addition to any amount donated on Box A above, I wish to donate \_\_\_\_\_ extra hours of annual to the NIH Leave Bank.
- C.  Of the total hours shown in Box B above, I wish to designate \_\_\_\_\_ hours of annual leave to the qualified recipient named below. I certify that this employee is not my immediate supervisor. I understand that this donation will be donated to the Leave Bank and the Leave Bank Board may approve up to the maximum leave required by the medical emergency, as determined by the Medical Consultant. If the Leave Recipient’s medical emergency is terminated before exhausting all of the donated leave, the leave will be returned to the Leave Bank.

## Qualified Recipient Information - Complete only if you selected Box C of Section II

Leave Recipient’s Name \_\_\_\_\_ IC/ Branch \_\_\_\_\_

## Employee Signature

\_\_\_\_\_

This signature authorizes transfer of the abovementioned amount of annual leave from your (the applicant’s) leave account into the Leave Bank. It also verifies that you have read and understood the general instruction page attached and the NIH Leave Bank policies and procedures.

## Leave Bank Office Certification (To be completed by Leave Bank Office)

Leave Bank Official’s Name \_\_\_\_\_

Date of Receipt \_\_\_\_\_ Leave Transfer Date \_\_\_\_\_ Membership Approved?  yes  no

**Privacy Act Notice:** Participation in this program is voluntary; however, solicitation of this information is authorized by P.L. 103-103 (October 8, 1993). The information furnished will be used to identify records properly associated with the application to become a leave recipient. It may also be disclosed to a national, state, or local law enforcement agency where there is an indication of a violation or potential violation of civil or criminal law, rule, or regulation; or to another agency or court when the Government is party to a suit. Executive Order 9397 (November 22, 1943) authorizes use of the Social Security Number. Furnishing the Social Security Number, as well as other data, is voluntary, but failure to do so may delay or prevent action on the application.