

NIH LEAVE BANK RECIPIENT APPLICATION PACKAGE

This form is used to apply to become a Leave Recipient under the NIH Voluntary Leave Bank Program (Leave Bank). All Leave Recipients are subject to all leave provisions outlined in 5 C.F.R. Part 630, Subpart J and NIH Leave Bank Policies and Procedures. This instruction page is not all inclusive, so applicants must also read the NIH Leave Bank Policies and Procedures.

A complete Leave Recipient Application Package must be submitted to the Leave Bank Office no later than 30 calendar days following the termination of the medical emergency. The package must include:

- NIH 2941; NIH Leave Bank Fax Cover Sheet
- NIH 2940; Leave Recipient Application for the NIH Leave Bank
- NIH 2923; Authorization for Disclosure of Information

Leave Bank Office Contact Information

Phone: 301-443-8393

Fax: 301-480-6146

E-mail: leavebank@od.nih.gov

Website: www.hr.od.nih.gov/benefits/leave/vlbp

If the Leave Recipient Applicant is unable to complete the NIH 2940, a personal representative may complete the form on his/her behalf. The NIH 2923 must be signed by the patient, the patient's guardian, or someone holding the patient's Power Of Attorney (POA). POA's submitting the NIH 2923 on the behalf of the applicant must provide a copy of the original POA documentation.

To initiate the Leave Recipient process, the applicant shall complete NIH 2940, Section A, and submit the NIH2040 along with this instructions page, to his/her Leave Approving Official (LAO). NIH 2940, Section B, must be completed by the Leave Recipient Applicant's LAO; however, it is the applicant's responsibility to obtain this information.

The NIH 2923 can be completed by the applicant while waiting for the LAO's response (this document does not need to be disclosed to the LAO). Medical need is determined through the NIH Leave Bank verification process; **applicants should not submit medical documentation to the Leave Bank Office.** The applicant should provide the contact information to the medical provider(s) who can verify the absence from duty timeframe and duration.

The LAO should complete all items in Section B and return to the Leave Recipient Applicant within five business days of receipt.

The LAO should indicate how much time out of the office the organization can support by selecting the appropriate box (yes, some, FMLA only, or no). If the LAO disapproves the employee's possible absence from duty, the LAO should contact his/her servicing Employee Relations Specialist to discuss leave policies. **The LAO does not need to know the medical emergency. All cases will be sent for medical review.** *Exception: If an applicant's personal medical emergency is "childbirth and recuperation" and she requests 6 weeks of leave or less, the Leave Bank Office will not request medical verification unless the LAO submits a request.*

If an applicant invokes the **Family and Medical Leave Act** of 1993 (FMLA), the LAO must approve the application unless he/she has reason to believe that the employee is not eligible for FMLA. Leave Bank Members do not have an entitlement to use leave granted by the Leave Bank Board unless the employee is eligible for an invoked FMLA request. As with any leave, the LAO makes the final determination as to the scheduling and the amount of leave granted.

The LAO should identify any information that may be relevant in the Leave Bank Board's decision-making process. The LAO will review the employee's duties to determine if any reasonable alternatives (work at home, temporary modification to employee duties, etc.) exist. The LAO may also use this section to note any limitations in leave approval; for example, if an employee has requested eight weeks of leave but the LAO is only willing to approve up to four weeks of leave. The LAO should also, for personal medical emergencies, indicate the physical exertion level required by the employee's position.

Upon receipt, the Leave Bank Case Manager will review the Leave Recipient Application to ensure that:

- All of the documentation is included;
- The applicant is a current NIH Leave Bank Member; and
- The absence from duty without available paid leave because of the medical emergency is (or is expected to be) at least 24 hours (or, in the case of a part-time employee or an employee with an uncommon tour of duty, at least 30 percent of the average number of hours in the employee's biweekly scheduled tour of duty).

After review, the employee will receive notification from the Leave Bank Office that indicates the status of the application and if more information is required to move the application forward. **Applicants should expect correspondence within one business day of submission.**

To submit an extension request, an applicant must complete and submit a new package. Applicants are not required to resubmit the NIH 2923 if the information on record is still accurate and current. To submit an appeal request, an applicant must submit a written request to the Leave Bank Office. Applicants may submit additional documentation and/or new NIH 2923's as necessary.

Leave Recipient Application for the NIH Leave Bank

SECTION A – APPLICANT

1. Applicant Name (Title, First, MI, Last) _____	2. Institute _____
3. Individual affected by medical emergency (check one) <input type="checkbox"/> Employee <input type="checkbox"/> Employee Family Member	4. If employee family member, specify: Name: _____ Relationship: _____
5. Nature of the medical emergency <input type="checkbox"/> Childbirth and Recuperation (See reduced procedures for requests 6 weeks or less from the date of birth) <input type="checkbox"/> Other	6. Anticipated medical emergency or condition start date, end date and duration Start Date: _____ End Date: _____ <input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent; _____ hours per _____
7. Do you wish to invoke FMLA? <input type="checkbox"/> Yes <input type="checkbox"/> No www.opm.gov/oca/fmla/index.asp	8. Anticipated FMLA start date, end date and duration Start Date: _____ End Date: _____ <input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent; _____ hours per _____ Attach memo, if necessary, to clarify dates and durations

9. I certify that the above statements are true

 Signature of applicant or individual applying on behalf of the applicant Date

10. Applying on Behalf of the Applicant

 Applicant Representative's Name Relationship Telephone Number

Privacy Act Statement
 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 property 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 (SSN). Furnishing the Social Number, as well as other data, is voluntary, but failure to do so may delay or prevent action on the application.

SECTION B - LEAVE APPROVING OFFICIAL

11. Indicate temporary alternatives available: <input type="checkbox"/> No alternatives <input type="checkbox"/> Accessible area for employees with mobility impairments <input type="checkbox"/> Alternative work schedule <input type="checkbox"/> Sedentary physical exertion duty <input type="checkbox"/> Telework <input type="checkbox"/> Other: _____ http://askjan.org/soar	12. Complete only if "Employee" is selected in Item 5. Level of physical exertion required by the position: <input type="checkbox"/> Sedentary - lifts up to 10 lbs <input type="checkbox"/> Light - lifts up to 20 lbs <input type="checkbox"/> Medium - lifts up to 50 lbs <input type="checkbox"/> Heavy - lifts up to 100 lbs <input type="checkbox"/> Very Heavy - lifts more than 100lbs www.ssa.gov/OP_Home/cfr20/404/404-1567.htm
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13. Do you plan to approve the employee's absence from duty in the event this application is approved by the Leave Bank Board?
 Information available at www.hr.od.nih.gov/benefits/leave/VLBP.
 Yes; I plan to approve all of the leave requested in sections 5 through 8, as long as it is determined to be medically supported
 Some; I can support from _____ to _____ or FMLA leave only
 No; I cannot support the leave requested in this application. Reason: _____

 Leave Approving Official Name (Title, First, MI, Last) Telephone Number

 Leave Approving Official Signature Date
This signature does not entitle the employee to the leave that is granted by the Leave Bank Board. As with any leave, Leave Approving Officials make the final determination as to the scheduling and the amount of leave granted.

SECTION C – LEAVE BANK OFFICE

14. Date of Receipt _____	15. <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved <input type="checkbox"/> Incomplete _____ Leave Bank Official's Signature Date
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