

purposes of this policy, the term *intimidate, threaten, or coerce* includes conferring or promising to confer any benefit, or effecting or threatening to effect any reprisal.

Eligibility to Receive Donated Leave

How Eligibility Is Established

To be eligible to receive donated leave, a career or transitional postal employee:

1. Must be incapacitated for available Postal Service duties due to a serious personal health condition, which includes an incapacitating pregnancy. Medical and/or appropriate other documentation may be required.

Note: Conditions that may be the subject of workers' compensation claims, *nonincapacitating* prenatal or postnatal conditions, and the need or desire to care for newborn or adopted children are not qualifying.

2. Must be known or expected to be absent from work 40 hours more than his or her own earned sick leave and/or annual leave balances will cover. This 40 hours of leave without pay (LWOP) need not be consecutive, but must be due to the qualifying health condition.
3. Must request leave recipient eligibility by submitting a completed Form 3970-R, *Request to Receive Donated Leave*, to his or her immediate supervisor for processing and approval. The request may be submitted before sick leave, annual leave, and/or 40 hours of LWOP are exhausted. If the employee is unable to complete or submit the Form 3970-R to request eligibility, the form may be completed or submitted by any other person acting on the employee's behalf.

When Eligibility to Use Donated Leave Begins and Ends

The dates eligibility actually begins and ends are determined as follows:

1. Eligibility begins either when the request is approved, earned unused sick leave and annual leave balances are exhausted, and 40 hours of LWOP are accumulated due to the qualifying health condition; or, on the date the Form 3970-R is date-stamped in the personnel office, whichever is later.
2. If the recipient has been approved for advanced sick leave, he or she has the option of discontinuing use of the approved advance sick leave immediately or waiting until the advance has been used before using any donated leave.



Leave Sharing Program
Donated Leave Transfer

For Use by Personnel and Finance Offices Only.

Part I - Personnel Office

Initiated By (First, M.I., Last)		Date
Recipient's Name (First, M.I., Last)		Recipient's Social Security No.
Donor's Name (First, M.I., Last)		Donor's Social Security No.
Amount of Donation (In whole hours)	Recipient Eligibility Begin Date	Recipient Eligibility End Date

Forward to Finance Office Under Restricted Cover.

Part II - Finance Office

- Donation Successfully Transferred
- Invalid Donor
- Donation Reduced to _____ Hours Due to:
 - Exceeding Maximum Amount Allowed
 - Insufficient Amount of Earned Annual Leave
- Other:

Signature of Adjustment Clerk	Date Signed
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When Completed Return to Personnel Office Under Restricted Cover.

Part III - Personnel Office

Form 3970-D, Request to Donate Leave, has been annotated with appropriate remarks and/or changes. Donor has been notified of any changes to Form 3970-D.

Signature	Date Signed
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File Completed Form in DDE Input Audit File.