

**United States Attorneys' Office Voluntary Leave Bank  
Open Enrollment Period Application Form**

**Employee Name** (Last, First, MI):

**Employee SSN:**

**District Name:**

**Telephone Number:**

I request enrollment in the Department of Justice Voluntary Leave Bank Program for leave year **(year)** which begins on **(date)**. To enroll, I am donating the leave shown below and authorize the deduction of this leave from my current leave balances.

<b>I donate the following hours of:</b>	<b>Regular Annual Leave:</b>	
	<b>Restored Annual Leave:</b>	
	<b>Total Leave:</b>	

<b>Signature</b>	<b>Date</b>

**I CERTIFY THAT THE LEAVE DONATION, ABOVE, WAS DEDUCTED EFFECTIVE PAY PERIOD \_\_\_\_\_.**

\_\_\_\_\_  
**Timekeeper's Signature & Date**

cc: TIMEKEEPERS