Form CD-505

DONOR'S LEAVE TRANSFER APPLICATION

(Must be typed or printed legibly)

U.S. Department of Commerce Vera Street: 305-8452 Fax: 305-8303

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PART 1: DONOR	TO ST II: APPROVAL BY SUPERVISOR
A. RECIPIENT IDENTIFICATION	I acknowledge a pprove disapprov
1. Name of recipient	this employee's application to seate annual le
2. Social security #	Name
3. Organization/office <u>USPTO</u>	Phone #
B. DONOR IDENTIFICATION	Signate
1. Name	
2. Social security #	PART III: APPROVAL BY DONOR'S SERVICING
3. Relationship to recipient	PERSONNEL OFFICE
4. Position title, series, grade	I certify that this application
5. Organization/office	all criteria required for annual leave transfer by law and regulation,
6. Office address	and is approved disapproved
Bld./Rm.	Name Sadie Scott
7. Office phone #	Phone # Date
8. Timekeeper's name	Signature
9. Phone #	
10 Office address	If disapproved, state reasons for disapproval
Bld./Rm	
C. DONOR'S LEAVE INFORMATION AS OF PAY PERIOD	
Current annual leave balance hours.	PART IV: CERTIFICATION BY RECIPIENT'S
2. Leave category per pay period	SERVICING PERSONNEL OFFICE
3. Amount of annual leave to be transferred hours	I certify that this donor's annual leave donation has been accepted in the
D. WAVIERS AND CERTIFICATION	amount of hours, which will be credited in pay
I acknowledge that except for any leave unused by the reipient, I have no	period
right under any cirucmstances, including my own personal emergency, to	Name Sadie Scott
have any of the leave I donate restored to me; and	
I waive the right to have any unused donated leave restored to me if I leave	Phone # Date
the Department of Commerce before the end of the recipient's personal	Signature
emergency.	If disapproved, state reasons for disapproval
I certify that the information on this application is true and correct to the best	
of my knowledge	
Signature: Date:	

PRIVACY ACT STATEMENT

Section 6311 of Title 5 of the U.S. Code authorizes collection of this information. The primary use of this information is by management and your servicing personnel office to effect leave transfers, including disclosure, as specified by you, to leave donors. Additional disclosures of the information may be to the Department of Labor when processing a claim for compensation regarding a job-connected injury or illness; to a state unemployment compensation office regarding a claim; to Federal life insurance or health benefits carriers regarding a claim; to a Federal, state, or local law enforcement agency when the Department becomes aware of a violation or possible violation of civil or criminal law; to a Federal agency when conducting an investigation on you for employment or security reasons; to the Office of Personel Management or General Accounting Office when the information is required for evaluation of leave administration; and to the General Services Administration in connection with its responsibilities for records management.

Where the employee identification number is your Social Security number, collection of this information is authorized by Executive Order 9397. Furnishing the information on this form, including your Social Security number, is voluntary, but failure to do so may result in disapproval of this request.

WARNING

False statements made in connection with a request for leave transfer may be the basis for disqualification for participation in the leave transfer program, disciplinary action up to and including removal from the Federal service, criminal prosecution, and liability for the amount of leave dishonestly gained.