

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

This form is used to apply for NIH Leave Bank “membership.” This form is only to be used for employees who are unable to enroll through the Integrated Time and Attendance System (ITAS).

### **ELIGIBILITY REQUIREMENTS**

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

- Be an NIH Federal civilian employee who is eligible to earn leave; and
- Complete and submit the modified NIH 2937 Form 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 NIH).

**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.**

### **INSTRUCTIONS**

Complete sections I, II, and III.

#### **Section I:**

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

#### **Section II:**

Checking this box 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. Once this information is entered into ITAS, you will be automatically re-enrolled each year unless you opt out.

#### **Section III:**

Sign on the line provided in Section III. 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, and III only.*

### ***I - Employee Information - Please Print***

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

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

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

### ***II - 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.**

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. I understand that I will be automatically re-enrolled each year and a membership contribution will be automatically deducted in the first pay period of each year unless I opt out. I also understand that I will be automatically processed for a waiver if I do not have sufficient annual leave to make a full contribution or if I have already made a full contribution during the open enrollment period.

### ***III - 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.

### ***IV - 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.