

NIH LEAVE BANK RECIPIENT APPLICATION PACKAGE

Leave Recipient Application for the NIH Leave Bank – Instructions

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 instructions page is not all inclusive, so applicants must also read the NIH Leave Bank Policies and Procedures, available at <http://hr.od.nih.gov/benefits/leave/vlbp/resources.htm>. All applicants and Leave Approving Officials (LAOs) are encouraged to contact the NIH Leave Bank Office with any questions or concerns at 301-443-8393 or leavebank@od.nih.gov.

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 Cover Sheet
- NIH 2940, The Recipient Application for the NIH Leave Bank
- NIH 2923, Authorization for Disclosure of Information
- Primary Medical Documentation (*see NIH 2923 instructions page*)

APPLICANT INFORMATION

To initiate the Leave Recipient process, the applicant shall complete NIH 2940, Section A, and submit the NIH 2940 along with this instructions page to his/her Leave Approving Official (LAO). If the Leave Recipient Applicant is unable to complete the NIH 2940, a personal representative may complete the forms on his/her behalf.

A.1 – Applicant Information

A.2 – Leave Bank Request Information

For cases with an unknown start date (i.e. transplant), provide the recovery duration (i.e. 8 weeks) instead of the end date. For intermittent needs, indicate the number of hours per week, per month, or per year required by the medical emergency.

A.3 – FMLA Request Information

Medical need is determined through the NIH Leave Bank verification process.

LEAVE APPROVING OFFICIAL INSTRUCTIONS

The LAO shall complete all items in NIH 2940, Section B and return to the Leave Recipient Applicant within five business days of receipt. The LAO does not need to know the medical emergency. All cases will be sent for medical review.

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 plans to disapprove the employee's possible absence from duty, the LAO should contact his/her servicing Employee Relations Specialist to discuss leave policies. To find the appropriate Employee Relations Specialist, visit <http://intrahr.od.nih.gov/policyguidance/er/contacts.htm> (NIH- only).

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.

LEAVE BANK OFFICE

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).

The employee will receive notification from the Leave Bank Office's "OHR SharePoint" email account 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.**

National Institutes of Health (NIH)

Leave Recipient Application for the NIH Leave Bank

You must read applicant instructions (attached) prior to completing this form. **Please Print or Type.**

SECTION A – APPLICANT

A.1 Applicant Information

1. Applicant Name (Title, First, MI, Last) _____	2. Institute _____
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A.2 Leave Bank Request Information

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: _____
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5. Nature of the medical emergency: _____ The medical emergency is confidential. This item can be left blank until AFTER section B is complete.	6. Anticipated time out of the office due to the serious health condition Start Date: _____ End Date: _____ <input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent; _____ hours per _____
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A.3 FMLA Request Information *cannot exceed 480 hours in a 12 month period

7. Do you wish to invoke FMLA? <input type="checkbox"/> Yes <input type="checkbox"/> No www.opm.gov/oca/fmla/index.asp	8. Have you invoked FMLA within the last 12 months? <input type="checkbox"/> Yes; date of first FMLA use: _____ <input type="checkbox"/> No	9. Anticipated FMLA start date, end date and duration Start Date: _____ End Date: _____ <input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent; _____ hours per _____ <i>Attach memo, if necessary, to clarify dates/durations</i>
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10. I certify that the above statements are true

Signature of applicant or individual applying on behalf of the applicant	Date
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11. Applying on Behalf of the Applicant

Applicant Representative's Name	Relationship	Telephone Number
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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

12. 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 . <input type="checkbox"/> Yes <input type="checkbox"/> Some; from _____ to _____ or check box if FMLA leave only <input type="checkbox"/> <input type="checkbox"/> No; reason: _____	13. Complete only if "Employee" is selected in Item 3. 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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Leave Approving Official Signature	Date
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Leave Approving Official Name (Last, First, MI)	Telephone Number
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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 – NIH LEAVE BANK

14. Date of Receipt _____	15. <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved <input type="checkbox"/> Incomplete		
	<table style="width: 100%;"> <tr> <td style="width: 60%; border-bottom: 1px solid black;">Leave Bank Official's Signature</td> <td style="width: 40%; border-bottom: 1px solid black;">Date</td> </tr> </table>	Leave Bank Official's Signature	Date
Leave Bank Official's Signature	Date		