

**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.

I donate the following hours of:	Regular Annual Leave:	
	Restored Annual Leave:	
	Total Leave:	

Signature		Date	

I CERTIFY THAT THE LEAVE DONATION, ABOVE, WAS DEDUCTED EFFECTIVE PAY PERIOD _____.

Timekeeper's Signature & Date

cc: TIMEKEEPERS