# Leave Bank Recipient Checklist

Please complete this checklist prior to submitting your application. Avoiding these common mistakes will help prevent delays from processing your case. Checklist does not need to be submitted with application packet and is for personal use only.

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| Required Forms |
| [**Application Form (NIH 2940)**](https://hr.nih.gov/sites/default/files/public/documents/benefits/leave/leave-bank/pdf/nih-2940.pdf) |
| [ ]  | A selection has been made in Box 7.  |
| [ ]  | Dates in Box 6 and Box 9 match, if invoking Family and Medical Leave Act (FMLA). **Please note:** FMLA hours can only be approved that correspond with the Leave Bank request. If FMLA is needed before or after the Leave Bank requested dates, this time will need to be requested directly through your LAO. Visit [FMLA webpage](https://hr.nih.gov/benefits/leave/family-medical-leave-act-fmla/family-and-medical-leave) for more information. |
| [ ]  | Start and end dates are consistent with all other documentation. |
| [ ]  | If intermittent: hours/days per day/week/month are specified and consistent with all other documentation. |
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| [**Authorization of Disclosure of Information (NIH 2923)**](https://hr.nih.gov/sites/default/files/public/documents/benefits/leave/leave-bank/pdf/nih-2923.pdf) |
| [ ]  | An accurate phone **AND** fax number are provided for medical care provider. If no fax is available, please provide an email address. |
| [ ]  | Start and end dates are consistent with all other documentation. |
| [ ]  | If intermittent: hours/days per day/week/month are specified and consistent with all other documentation. |
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| [**Confidential** **Medical Documentation**](https://hr.nih.gov/sites/default/files/public/documents/benefits/leave/leave-bank/pdf/confidential-medical-documentation.pdf) **(not required for appeals or mental health related cases)** |
| [ ]  | Includes a physician/office stamp **OR** physician letterhead is attached.  |
| [ ]  | Medical information is written in laymen’s terms.  |
| [ ]  | **Important**: Check if medical documentation supports what you are requesting. If it does not, please speak to the doctor *before* submitting your application. The NIH Leave Bank can only approve what is supported in the medical documentation.  |
| [ ]  | Start and end dates are consistent with all other documentation. |
| [ ]  | If intermittent: hours/days per day/week/month are specified and consistent with all other documentation. |
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If you have questions on completing your Leave Bank recipient application, please contact the NIH Leave Bank Office at 301-443-8393 or LeaveBank@od.nih.gov. Or visit <https://hr.nih.gov/leavebank>.