



ANNUAL LEAVE BANK DONATION FORM

A. To be completed by employee donating annual leave (Please print)

Employee Name _____ Employee I.D. No. _____

Department _____ Work Phone _____

My classification falls within: HSS S&E Unit NERE UAW

I agree to voluntarily donate _____ hours of my accumulated annual leave to the appropriate Annual Leave Donation Bank. I understand the hours will be deducted from my accrued annual leave and that this donation is irrevocable.

Signature of Employee Donating Annual Leave _____

Date _____

B. To be completed by Human Resources Office/Appointing Authority

I certify the donating employee has not individually donated the maximum annual leave permitted of 40 hours combined, direct and bank, in a calendar year. Exception: HSS Unit may donate 40 direct and 40 bank in a calendar year. The employee has sufficient annual leave accrued to make this donation.

The cost of this request is \$ _____ (requesting employee's hourly rate of \$ _____ x _____ no. of hours).

Signature of Appointing Authority or Designee _____

Date _____

C. To be completed by the Office of the State Employer

Approved – I authorize DTMB to add \$ _____ to the _____ Annual Leave Bank. I authorize the department to deduct _____ hours of annual leave from the employee's counter as requested above.

Denied

Reason for Denial:

Signature of OSE Official _____

Date _____

D. To Be Completed by DTMB Financial Services

As authorized above, DTMB Financial Services has added \$ _____ to the:

E42 - HSS or H21 – S & E or W22 or W41 – UAW or NERE Annual Leave Bank

Signature of DTMB Financial Services Official _____

Date _____

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INSTRUCTIONS

NOTE: Hours must be donated in whole hour increments for each employee group.
Minimum donations are: 1 hour – NERE, HSS and S & E Units
4 hours – UAW

Maximum donation combined with Annual Leave Direct donations is limited to 40 hours per calendar year.

WHO	WHAT
Section A. Donating Employee	<ol style="list-style-type: none"> 1. Completes Section A. 2. Indicates number of hours to be donated. 3. Signs and dates the form. 4. Submits form to their Human Resources Office.
Section B. Human Resources Office / Appointing Authority	<ol style="list-style-type: none"> 1. Certifies that employee has sufficient hours of annual leave to cover the donation. 2. Computes value of hours donated. 3. Obtains Appointing Authority or Designee signature. 4. Forwards form through electronic format to the Office of the State Employer at DTMB-OSE@michigan.gov and keeps original at Human Resources Office.
Section C: Office of the State Employer	<ol style="list-style-type: none"> 1. Determines employee's eligibility. 2. Verifies value of hours to be added to the appropriate Annual Leave Bank and authorizes addition. 3. If approved, forwards electronic copy to DTMB Financial Services at lapanr@michigan.gov. 4. If denied, adds the reason for the denial and returns form to donating employee's Human Resources Office.
Section D. DTMB Financial Services	<ol style="list-style-type: none"> 1. Posts additions to the appropriate Annual Leave Bank. 2. Keeps a copy of the form and forwards an electronic copy to the Human Resources Office and the Office of the State Employer (DTMB-OSE@michigan.gov).
Human Resources Office	<ol style="list-style-type: none"> 1. If approved by OSE, deducts annual leave hours from employee's counter with comment and forwards a signed copy to the employee. 2. If denied by OSE, forwards a signed copy to the employee. 3. Keeps a signed copy with the original.
Office of the State Employer	<ol style="list-style-type: none"> 1. Records number of hours donated to the bank. 2. Forwards copy to the Union.