

**ANNUAL LEAVE DONATION DIRECT TRANSFER FORM**

**A. TO BE COMPLETED BY EMPLOYEE DONATING ANNUAL LEAVE (Please print)**

Name \_\_\_\_\_ Employee I.D. \_\_\_\_\_

Department \_\_\_\_\_ Division \_\_\_\_\_ Section \_\_\_\_\_

My classification falls within:

- AFSCME
- Michigan Corrections Organization (MCO)
- Michigan State Employees Assoc. (MSEA)
- SEIU – HSS Unit
- SEIU – S & E Unit
- SEIU – Technical Unit
- UAW
- NERES

I hereby agree to voluntarily transfer \_\_\_\_\_ hours of my accumulated annual leave to: \_\_\_\_\_

**NOTE:** Hours must be donated in whole hour increments. Minimum donations are:

- 1 hour – NERE, HSS and S & E Units
- 4 hours – MCO, MSEA, UAW
- 8 hours – AFSCME and Technical Unit

\_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_

**B. TO BE COMPLETED BY EMPLOYEE RECEIVING ANNUAL LEAVE HOURS (Please print)**

Name \_\_\_\_\_ Bargaining Unit: \_\_\_\_\_

Employee I.D. \_\_\_\_\_ Department/Division \_\_\_\_\_

Work phone (\_\_\_\_) \_\_\_\_\_

- 1) I have satisfactorily completed the probationary period required to receive this donation.
- 2) I have submitted the leave application and appropriate medical certification required for this leave to be approved. My leave will start \_\_\_\_\_ and will end \_\_\_\_\_.
- 3) I will have exhausted all my available leave credits as of \_\_\_\_\_ (date).
- 4) I will not be eligible to receive Worker’s Compensation for the absence covered by this donation.
- 5) I will not be eligible to receive Long Term Disability (LTD) for the absence covered by this donation – or – I will be eligible for LTD and request annual leave donations for lost time during the waiting period.
- 6) I am facing a financial hardship (40 consecutive hours or more of lost time) due to serious injury or prolonged illness of myself, or my dependent spouse, child or parent (for UAW – immediate family as defined in Article 40).

\_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_

**C. TO BE COMPLETED BY HUMAN RESOURCE OFFICE / APPOINTING AUTHORITY (Please print)**

- Approved** - This employee has satisfactorily completed the probationary period required to receive this donation, has exhausted all available leave credits, is facing \_\_\_\_\_ hours without pay, no long-term disability or Worker’s Compensation will be paid during the absence covered by this donation, and the absence would otherwise be approved.
- Denied** - This employee does not meet the requirements.

\_\_\_\_\_  
Appointing Authority or Designee Signature \_\_\_\_\_ Date \_\_\_\_\_

**D. Approval by the Union is required for receiving employee represented by AFSCME, SEIU-HSS, MCO or MSEA.**

\_\_\_\_\_  
Signature of Authorized Union Official \_\_\_\_\_ Date \_\_\_\_\_

**E. TO BE COMPLETED BY OFFICE OF THE STATE EMPLOYER**

- Approved  Denied

Reason for denial:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## ANNUAL LEAVE DONATION DIRECT TRANSFER FORM INSTRUCTIONS

WHO	WHAT
Section A. Donating Employee	<ol style="list-style-type: none"> <li>1. Completes Section A.</li> <li>2. Indicates number of hours to be donated. Maximum donation per calendar year per employee is 40 hours (this includes donated hours to the Annual Leave Bank).</li> <li>3. Signs Form.</li> <li>4. Submits form to the employee receiving hours for their completion of Section B, or in their absence to their Human Resources Office for completion of Section B.</li> </ol>
Section B. Receiving Employee	<ol style="list-style-type: none"> <li>1. Completes Section B.</li> <li>2. Verifies requirements are met.</li> <li>3. Signs Form.</li> <li>4. Submits form to their Human Resources Office.</li> </ol> <p>NOTE: Completion of Section B will be completed by Human Resources Office in the employee's absence.</p>
Section C. Appointing Authority / Human Resources Office	<ol style="list-style-type: none"> <li>1. Certifies that <u>donating</u> employee has sufficient hours of annual leave.</li> <li>2. Certifies <u>receiving</u> employee has met all the conditions to receive the annual leave donations.</li> <li>3. Obtains Appointing Authority or Designee signature.</li> <li>4. If a request is for an AFSCME, SEIU-HSS, MCO or MSEA member, the request is to be forwarded electronically to the Union for their authorization and returned to the department. AFSCME Council 25 and Local President, SEIU-HSS: <a href="mailto:Dedwards@seiu517m.org">Dedwards@seiu517m.org</a>, MCO: <a href="mailto:mail@mco-seiu.org">mail@mco-seiu.org</a>, MSEA: <a href="mailto:kmoore@msea.org">kmoore@msea.org</a>.</li> <li>5. All other requests are forwarded electronically to the Office of the State Employer (<a href="mailto:DTMB-OSE@michigan.gov">DTMB-OSE@michigan.gov</a>) and a copy is kept by the Human Resources Office.</li> </ol>
Section D. AFSCME, SEIU-HSS, MCO or MSEA	<ol style="list-style-type: none"> <li>1. Authorizes the direct transfer of annual leave hours for their bargaining unit member.</li> <li>2. Returns request electronically to the Human Resources Office.</li> </ol>
Human Resources Office	<ol style="list-style-type: none"> <li>1. Returns request to Office of the State Employer (<a href="mailto:DTMB-OSE@michigan.gov">DTMB-OSE@michigan.gov</a>).</li> </ol>
Section E. Office of the State Employer	<ol style="list-style-type: none"> <li>1. Reviews and signs form and forwards electronically to Human Resources Office and CSC Compliance.</li> </ol>
Human Resources Office	<ol style="list-style-type: none"> <li>1. Deducts corresponding number of hours from the donating employee's annual leave.</li> <li>2. Adds hours to receiving employee's annual leave.</li> <li>3. Distributes a copy of the form to the donating employee and keeps the signed and <b>original</b> forms at the Human Resources Office.</li> </ol>