

STATE OF MICHIGAN
ANNUAL LEAVE DONATION BANK
DONATION FORM
For
HSS, S & E, and UAW or NERES

NOTE: Hours must be donated in whole hour increments for each employee group.
Minimum donations are: 1 hour - NERES, HSS and S & E Units
4 hours - UAW
Maximum donation combined with Annual Leave Direct donations is limited to 40 hours per calendar year.

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

Name: _____ Employee I.D. # _____

Department: _____ Work Phone: _____

My classification falls within:

- HSS Unit
NERES
S & E Unit
UAW

I hereby agree to voluntarily donate _____ hours of my accumulated annual leave to the appropriate Annual Leave Donation Bank. I understand that this donation is irrevocable.

Signature _____

Date _____

AFTER COMPLETING SECTION A. GIVE FORM TO HUMAN RESOURCES OFFICE

B. TO BE COMPLETED BY HUMAN RESOURCES OFFICE / APPOINTING AUTHORITY

1. I certify that this employee is eligible to donate to the bank stated in Section A above, and has sufficient annual leave accrued to make the donation specified. I have deducted _____ hours from the employee's balance on _____ date.

2. The total value of this donation is \$ _____ based on an hourly rate of \$ _____.

Appointing Authority or Designee Signature _____

Date _____

C. TO BE COMPLETED BY DTMB/FISCAL MANAGEMENT DIVISION

As authorized by the Appointing Authority DTMB/Fiscal Management Division has added \$ _____ to the:

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

Signature _____

Date _____

**ANNUAL LEAVE DONATION BANK
DONATION FORM INSTRUCTIONS**

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 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. 2. Computes value of hours donated. 3. Obtains Appointing Authority or Designee signature. 4. Deducts corresponding number of hours from the employee's annual leave. 5. Forwards form through electronic format to DTMB, Fiscal Management Division (SumnerD3@michigan.gov) and keeps original at Human Resource Office.
Section C. DTMB/Fiscal Management Division	<ol style="list-style-type: none"> 1. DTMB/Fiscal Management Division posts additions to the appropriate Annual Leave Donation Bank. DTMB/Fiscal Management Division keeps a copy of the form and forwards a copy to the Human Resource Office and the Office of the State Employer (DTMB-OSE@michigan.gov).
Human Resources Office	<ol style="list-style-type: none"> 1. The Human Resources Office distributes a signed copy to the employee and keeps a signed copy with the original.
Office of the State Employer	<ol style="list-style-type: none"> 1. Forwards copy to the Union.