

**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 the hours will be deducted from my accrued annual leave and 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, and has sufficient annual leave accrued to make the donation specified. I have deducted _____ hours from the employee's balance on _____.

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 FINANCIAL SERVICES

As authorized above, DTMB Financial Services 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 Financial Services (SumnerD3@michigan.gov) and keeps original at Human Resources Office.
Section C. 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 a 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. 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. Records number of hours donated to the bank. 2. Forwards copy to the Union.