

STATE EMPLOYEES LEAVE BANK AND EMPLOYEE-TO-EMPLOYEE LEAVE DONATION PROGRAM

DESIGNATION / REMOVAL OF AGENCY LEAVE BANK COORDINATOR

| GENCY NAME: | | | DATE: |
|--|--|--|--|
| GENCY ADDRESS: | | | |
| GENCY HR DIRECTOR: | | PHONE: | |
| AGEN | CY LEAVE BANK COOR | RDINATOR DESI | GNATION: |
| in matters related to the and Donation Program. Upon Agency Leave Bank Coord 1) review and appropriate has submitted, reduced Leave Donation Program 2) submit to the Leave Program 2 required forms and 3 to receive determine Bank, or for a required forms and 3 to receive determine Bank and 3 to re | State Employees' Leave Bank successful completion of Leadinator to: priately process all required for questing to withdraw leave frogram; ave Bank Administrator within documents related to an employeest for reconsideration of a detailed the Agency's denial for leave | k (Leave Bank) and ave Bank Training, orms, and other relation the Leave Bank in the Department of oyee's request for leaving an employee's remial of leave from the same of t | dinator on behalf of the Agency definition in Employee Leave this designation authorizes the ed documents that an employee for the Employee-to Employee of Budget and Management all ave from the Leave Bank; and equest for leave from the Leave he Leave Bank or in connection ee-to-Employee Leave Donation |
| LB Coordinator Name | Agency/Unit Name | Phone # | Email |
| | | | |
| | | | |
| REMOVE: | | | |
| REMOVE: LB Coordinator Name | Agency/Unit Name | Reason | Effective Date |
| | Agency/Unit Name | Reason | Effective Date |
| | Agency/Unit Name | Reason | Effective Date |