

STATE EMPLOYEES' LEAVE BANK DONATION FORM

Please complete this form if you wish to donate leave to **JOIN** or **RENEW** your membership in the State Employees' Leave Bank.

If you are joining the Leave Bank for the **FIRST TIME**, you must be a member for at least 90 days before you are eligible to receive leave.

EMPLOYEE TO COMPLETE

NAME: _____

SOCIAL SECURITY #: _____

AGENCY: _____

APPLICATION STATUS (*please check one*):

INITIAL

RENEWAL

REINSTATEMENT

I hereby certify that I am donating the following leave to establish membership in the State Employees' Leave Bank:

TYPE OF LEAVE

DONATED HOURS

Annual

Personal

Sick

SIGNATURE OF EMPLOYEE

DATE

APPOINTING AUTHORITY TO COMPLETE

ANNUAL/PERSONAL LEAVE CERTIFICATION:

I have reviewed this employee's leave balances and affirm that s/he has sufficient annual/personal leave to make this donation.

SICK LEAVE CERTIFICATION:

I have reviewed this employee's sick leave balance. I affirm that s/he will have a sick leave balance of at least 240 hours after this donation is subtracted.

SIGNATURE OF APPOINTING AUTHORITY

DATE