

STATE EMPLOYEES' LEAVE DONATION PROGRAM

COMPLETE PART I IF DONATING LEAVE TO ANOTHER EMPLOYEE

PART I

EMPLOYEE MAKING THE LEAVE DONATION:

NAME: _____ SOCIAL SECURITY: _____

AGENCY: _____ AGENCY CODE: _____

EMPLOYEE RECEIVING THE DONATION:

NAME: _____ SOCIAL SECURITY: _____

AGENCY _____ AGENCY CODE: _____

TYPE OF LEAVE DONATED:

SICK* NUMBER OF HOURS: _____

* If donating sick leave, the amount donated when deducted must result in a new balance of at least 240 hours.

I hereby confirm that after making this donation, my sick leave balance will be at least 240 hours.

ANNUAL NUMBER OF HOURS: _____

PERSONAL NUMBER OF HOURS: _____

Signature: _____ Date: _____

CERTIFICATION BY APPOINTING AUTHORITY/TIMEKEEPER
(Must be completed within 7 days of receipt of this form)

I _____, the timekeeper/appointing authority for the employee making the donation, hereby certify that the employee is in compliance with COMAR 17.04.11.22.

Signature: _____ Date: _____

****Please be advised that any unused donated leave will automatically be forfeited to the Leave Bank**

COMPLETE PART II IF RECEIVING DONATED LEAVE FROM ANOTHER EMPLOYEE

PART II

CERTIFICATION BY EMPLOYEE RECEIVING THE DONATION
(Must be completed within 14 days of receipt of this form)

I _____, hereby affirm that I have supplied the required medical documentation and that I have not received more than a total of 2080 hours of donated leave from the Employee Leave Bank and from other employees during State service. I understand that I may not use the donated leave for any continuous period that when combined with all other forms of paid leave, exceeds 16 months. I also understand that I must comply with all requirements established by my personnel system for the use of earned paid sick leave.

Signature: _____ Date: _____

CERTIFICATION BY TIMEKEEPER OR APPOINTING AUTHORITY OF RECEIVING EMPLOYEE
(Must be completed within 7 days of receipt of this form)

I _____, hereby certify that I am the timekeeper/appointing authority for _____ (agency) and that I have reviewed the leave records of _____ and determined that the employee has satisfied the requirements for using the donated leave.

Signature: _____ Date: _____