

APPEAL FORM FOR DENIAL OF LEAVE

FROM THE STATE EMPLOYEES' LEAVE BANK

OR THE

EMPLOYEE-TO-EMPLOYEE LEAVE DONATION PROGRAM

NAME: _____

HOME ADDRESS: _____

AGENCY: _____

I wish to appeal the denial of leave from the (please check one):

- State Employees' Leave Bank
- Employee-to-Employee Leave Donation Program

My request for leave should be approved because:

In addition to submitting your appeal, please have your treating physician(s) fax any medical records that support your Leave Bank absence. The medical documentation should address the period of time you need leave from the Leave Bank. It must include detailed information that explains the severity and duration of your medical condition(s). Please refer to the "Leave Bank – Medical Documentation" document you received with your denial letter for examples of the type of documentation that should be provided. The records may be faxed to 410-333-5440.

SIGNATURE: _____ DATE: _____