<u>LEAVE BANK ENROLLMENT FORM -</u> QUICK REFERENCE

"Employee to Complete" Section: Employees must complete this section to include their Workday number (W#). Do not write phone numbers on this line. Full agency name must be provided, not locations, divisions or department names. Clear agency acronyms are also acceptable.

"Type of Leave" Section: Employee must designate the type of leave and number of hours to donate, to equal 8 hours, on the appropriate leave line(s) and provide the new balance after the donation. This balance is to remind employees what their available leave will be after donating to the bank. Employees may mix the type of leave they use if available, to equal 8 hours for enrollment. For example, 4 hours of annual and 4 of personal = 8.

"Application Status" Section: Carefully review the options in this section to ensure the correct status is selected. See references for each below:

- Initial Open Enrollment for new memberships during the open enrollment period. It always begins on January 1st of the next year and expires on December 31st of the following year, providing 2 full years of membership. For example, if the employee signs the form on 10/19/2021, Membership would be from 1/1/2022 through 12/31/2023, with an initial 90 day waiting period.
- ** If a <u>New Hire</u> enrolls during Open Enrollment, they have the choice either to enroll as a <u>New Hire</u> OR enroll for "<u>Open Enrollment.</u>" If the employee decides to join for Open Enrollment, membership will start on January 1st of the following year; the employee will also have an initial 90 day waiting period**
 - Initial New Hire is effective 2 years from the date of employee's signature within the first 60 days of hire. For example, if the employee signs the form on 8/23/2022, membership becomes effective 8/23/2022 through 8/22/2024, with an initial 90 day waiting period. Employees hired as a transfer from another participating agency are not eligible to enroll at the time of hire at the new agency, they must wait until the next Open Enrollment.
- ** The only exception to this is if the employee signed the enrollment form before their hire date; in this case membership would become effective 2 years from date of hire.
 - Renewal Open Enrollment: select this option for all renewals during the open enrollment period. Employees must submit their renewals to their Human Resources office only during the approved enrollment dates. No waiting period required.
 - Rehire: If an employee is rehired/reinstated and they have an active membership, they may choose to continue the current membership and renew during the next Open Enrollment. Or, they have the option of enrolling during their 1st 60 days of their rehire date and their membership will be renewed as of the date the form is signed, no waiting period required.



The employee must sign, date and submit this completed form to their Agency's HR Office/Leave Bank Coordinator for leave certification before it can be processed.

FOR LEAVE BANK COORDINATORS AND CERTIFIERS

- "Appointing Authority/Designee to Complete": Please acknowledge that the type of leave selected by the employee is available to donate. For sick leave ensure they have at least 240 hours after donating. Sign and date to certify and enter the date the membership will expire, per the instructions provided.
- "Timekeeper Certification": Per COMAR leave donated must be adjusted within 7 days of submission, or within the next pay period as allowed. Additional time may be granted but not more than 30 days from the date the employee signs the form. Forms must be sent to DBM upon certification (to leave.bank@maryland.gov).

STATE EMPLOYEES' LEAVE BANK ENROLLMENT FORM

EMPLOYEE TO COMPLETE (Please TYPE or PRINT)

Please complete this form if you wish to donate leave to **JOIN** (within first 60 days) or **ENROLL/RENEW** (during Open Enrollment) your membership in the State Employees' Leave Bank.

NAME*:		W#*:	STATE HIRE DATE:	
			(W#) to help us verify your identity. Failure to do	so may
result in rejection of you	ir membersnip. 1	our number will b	e kept confidential.	
FULL AGENCY N	AME:		HIRE DATE:	
		e FIRST TIME, y	ou must be a member for at least 90 days before	<u>you</u>
re eligible to RECEIV	E leave.			
	DONATED	NEW		
TYPE OF LEAVE	HOURS	BALANCE	APPLICATION STATUS (√)	
Personal	110010	BILLIE (CE	INITIAL – OPEN ENROLLMEN	Т
Annual**			INITIAL – NEW HIRE (First 60	
Sick***			RENEWAL – OPEN ENROLLM	
21411			REHIRE – (First 60 days)	
ereby certify that I a	agree to donate	eight (8) hours	of sick, annual or personal leave, or a comb	ination
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Original to: Employee File

Copy to: Employee (Certified)

DBM (from Agency HR Office)

MS 401 (Rev. 9/2022)

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