



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

**DESIGNATION / REMOVAL OF AGENCY LEAVE BANK COORDINATOR**

AGENCY NAME:	DATE:
AGENCY ADDRESS:	
AGENCY HR DIRECTOR:	PHONE:

**AGENCY LEAVE BANK COORDINATOR DESIGNATION:**

The following individual is hereby authorized to serve as a Leave Bank Coordinator on behalf of the Agency in matters related to the State Employees' Leave Bank (Leave Bank) and Employee-to-Employee Leave Donation Program. Upon successful completion of Leave Bank Training, this designation **authorizes** the Agency Leave Bank Coordinator to:

- 1) review and appropriately process all required forms, and other related documents that an employee has submitted, requesting to withdraw leave from the Leave Bank or the Employee-to-Employee Leave Donation Program;
- 2) submit to the Leave Bank Administrator within the Department of Budget and Management all required forms and documents related to an employee's request for leave from the Leave Bank; **and**
- 3) to receive determinations and/or a status regarding an employee's request for leave from the Leave Bank, or for a request for reconsideration of a denial of leave from the Leave Bank or in connection with an appeal of the Agency's denial for leave under the Employee-to-Employee Leave Donation Program.

**REASON FOR ADDING:**      New      or      Transferred from: \_\_\_\_\_

LB Coordinator Name	Agency/Unit Name	Phone #	Email

**REMOVE:**

LB Coordinator Name	Agency/Unit Name	Reason	Effective Date

APPROVED BY:

\_\_\_\_\_  
Signature of Agency HR Director or Designee

\_\_\_\_\_  
Date

Please return completed form via fax or email to:  
Fax: (410) 333-7671 or [Yvette.romero@maryland.gov](mailto:Yvette.romero@maryland.gov)