

LEAVE BANK ENROLLMENT FORM – MS-401 QUICK REFERENCE - INSTRUCTIONS

PART I - EMPLOYEE

Employee Information: Employees must complete this section to include their **Full Name**, Workday number (W# - Do not write phone numbers on this line) and Hire date must be the actual **State Hire Date**; this is the date you first started as a Regular State Employee

Enrollment Type & Type of Leave: You have 5 option types to choose from. You **MUST** select the option that applies to the type of enrollment you are requesting. All enrollments are good for two years. **New hires** may enroll at the time of hire, with an expiration of two years after that initial enrollment. If you choose to **enroll or renew during Open Enrollment**, all memberships will begin on Jan 1st of the following year for a period of two full years (example – 1/1/25 through 12/31/26). All Initial Enrollments have a 90-day waiting period.

Employee must designate the **type of leave and number of hours to donate, to equal 8 hours**, in the appropriate leave box(es). Employees may combine more than one type of leave, if available, to equal 8 hours for enrollment. *For example, 4 hours of annual and 4 of personal = 8.* New hires can only use personal leave. Annual cannot be used until employee has served at least 6 months of service.



The employee must sign, date and submit their completed form to their Agency's HR Office/Leave Bank Coordinator (LBC) for leave certification before it can be processed. DO NOT SEND TO DBM DIRECTLY!



PART II – LBC's/DESIGNEES

- The Leave Bank Coordinator's (LBC) must provide **their Full Name and Full Agency Name** (do not substitute the Agency's name with a Unit, Dept, Location, etc). Clear **agency acronyms** are also acceptable.
- The LBC's must acknowledge that they have reviewed the form and that the leave selected is available according to the State's Leave Policies.
- The LBC will sign, date and enter the Expiration Date according to the established membership process.

Note: Unless the new employees sign the enrollment form prior to the initial hire date, the expiration date should be two years from the date the new hire signs the form (within 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.

PART III – TIMEKEEPER CERTIFICATION

(PART II MUST BE COMPLETED PRIOR TO CERTIFICATION). Per COMAR leave donated must be adjusted within 7 days of submission, or within the next pay period as allowed. Leave **MUST BE** available at the time of enrollment. Additional time may be granted for processing, but not more than 30 days from the date the employee signs the form. LBC's must be send completed forms directly to DBM **upon certification** (leave.bank@maryland.gov).

STATE EMPLOYEES' LEAVE BANK ENROLLMENT FORM

(Please review Instructions on 1st Page)

PART I – EMPLOYEE

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

NAME: _____ W#: _____ HIRE DATE: _____
EMPLOYEE'S FULL NAME WORKDAY NUMBER STATE HIRE DATE

ENROLLMENT TYPE (MUST CHECK ONE)	ANNUAL	PERSONAL	SICK*
INITIAL# – NEW HIRE (1 ST 60 days)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
INITIAL# – CONVERSION/REHIRE (1 ST 60 days)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
REHIRE/REINSTATEMENT (1 ST 60 days)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OPEN ENROLLMENT – INITIAL# (Eff. Jan 1 st)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OPEN ENROLLMENT – RENEWAL (Eff. Jan 1 st)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(# - There is a 90-day waiting period for Initial Enrollments)

I hereby certify that I agree to donate eight (8) hours of sick, annual, personal leave, or a combination thereof, to establish membership in the State Employees' Leave Bank Program. *Also, if I use sick leave, I understand I must have a balance of at least 240 sick leave hours remaining after my deduction. **By signing below, I understand that I will be a member for two (2) years from the effective date of enrollment.**



Employees must submit form to their HR/LB Coordinator at this point!

SIGNATURE OF EMPLOYEE

DATE

PART II – AGENCY LB COORDINATOR/DESIGNEE

NAME:

FULL AGENCY NAME:

I have reviewed this employee's information and leave balances and affirm that s/he has sufficient annual, personal, sick leave, or a combination thereof, to make this donation to enroll in, or renew their membership, in the State's Leave Bank Program. *I acknowledge that if sick leave was used, the employee will remain with a balance of at least 240 hrs.

LBC/DESIGNEE SIGNATURE:

DATE:

EMPLOYEE'S MEMBERSHIP EXPIRES ON: _____

PART III – TIMEKEEPER CERTIFICATION

I certify that this employee's annual, personal, sick leave, or a combination thereof, was deducted accordingly to enroll or renew in the State's Leave Bank Program. *I also certify that if sick leave was used, the employee will remain with a balance of at least 240 hrs.

(Enter # of hours deducted; must = 8 hours)

Annual Personal Sick*

NAME:

SIGNATURE:

DATE PROCESSED:

(Note: Leave must be adjusted within seven (7) days per COMAR 17.04.11.23)

Certified Original to: Employee File
Copy to: Employee (Certified)
DBM (Certified by Agency)

MS 401 (Rev. 10/2024)
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