



Dear Payroll Partner/Timekeeper:

I, _____, W# _____, acknowledge a debt of Leave Bank Hours _____ owed to the State of Maryland. This debt is the result of a leave bank denial from pay date _____ pay period _____.

Repayment of the above leave hours will be made in accordance with the following schedule. Leave accrual adjustment will be made on a biweekly pay cycle basis.

Calendar Year _____

PPE Date _____	Sick Hrs _____	Annual Hrs _____	Personal Hrs _____
PPE Date _____	Sick Hrs _____	Annual Hrs _____	Personal Hrs _____
PPE Date _____	Sick Hrs _____	Annual Hrs _____	Personal Hrs _____

I authorize my agency to process the leave deduction as defined in the above schedule. Furthermore, should my employment at _____ end prior to the completion of the Repayment Schedule, I authorize any remaining balance to be withheld from my final paycheck or I must repay via money order.

Signature

Date