

LEAVE BANK ENROLLMENT FORM - 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 New Hire enrolls during Open Enrollment, they have the choice either to enroll as a New Hire OR enroll for "Open Enrollment." 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 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: ____/____/____

You must provide your full name and **Workday Number (W#) to help us verify your identity. Failure to do so may result in rejection of your membership. Your information will be kept confidential.*

FULL AGENCY NAME: _____ AGENCY HIRE DATE: ____/____/____

If you are joining the Leave Bank for the FIRST TIME, you must be a member for at least 90 days before you are eligible to RECEIVE leave.

TYPE OF LEAVE	DONATED HOURS	NEW BALANCE
Personal		
Annual**		
Sick***		

APPLICATION STATUS (√)	
	INITIAL – OPEN ENROLLMENT
	INITIAL – NEW HIRE (First 60 days)
	RENEWAL – OPEN ENROLLMENT
	REHIRE – (First 60 days)

I hereby certify that I agree to donate eight (8) hours of sick, annual, or personal leave, or a combination thereof, to establish membership in the State Employees' Leave Bank Program. ***By participating, I understand that I will be a member for two (2) years from the effective date of enrollment (e.g. 6/24/22 through 6/23/24).***



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

SIGNATURE OF EMPLOYEE

DATE

** New State of Maryland employees are not eligible to donate Annual Leave until they have at least six months of State Service.

***State of Maryland employees are not eligible to donate Sick Leave unless they will have a balance of at least 240 hours after donation.

APPOINTING AUTHORITY/DESIGNEE TO COMPLETE

ANNUAL/PERSONAL LEAVE CERTIFICATION: I have reviewed this employee's leave balances and affirm that s/he has sufficient annual/personal leave to make this donation.

SICK LEAVE CERTIFICATION: I have reviewed this employee's sick leave balance. *I affirm that s/he will have a sick leave balance of at least 240 hours after this donation is subtracted.*

APPOINTING AUTHORITY/DESIGNEE

DATE

Employee's Membership will expire in two years, on:

*******TIMEKEEPER CERTIFICATION*******

Hrs of selected Leave were deducted from balance on _____ by _____ / _____
Print name! / Initials (!Required)

(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 (from Agency HR Office)