## 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 RENEW (during **Open Enrollment**) your membership in the State Employees' Leave Bank.

NIA NATE *			CO#*.
	r full Name and	Social Security Numb	SS#*:
State laws and regulation		<i>ip.</i> Your number wi	i be kept confidential in accordance with Federal and
FULL AGENCY N	AME:		HIRE DATE:
If you are joining the Leare eligible to RECEIV		e <b>FIRST TIME</b> , you	must be a member for at least 90 days before you
TYPE OF LEAVE	DONATED HOURS	NEW BALANCE	APPLICATION STATUS (√)
Personal			INITIAL – OPEN ENROLLMENT
Annual**			INITIAL – NEW HIRE (First 60 days)
Sick***			RENEWAL – OPEN ENROLLMENT
			REHIRE
SIGNATURE OF EMPLOYEE			DATE
months of State S ***State of Maryland	ervice. employees are	not eligible to dona	donate Annual Leave until they have at least six te Sick Leave unless they will have a balance
of at least 240 hou	rs <u>after</u> donatio	on.	
APPOINTING AUTHORITY/DESIGNEE TO COMPLETE			
		CERTIFICATION nal/personal leave to	I: I have reviewed this employee's leave balances and make this donation.
			this employee's sick leave balance. <i>I affirm that s/he withis donation is subtracted</i> .
APPOINTI	NG AUTHOR	RITY/DESIGNEE	DATE
		*******	**********
	ed Leave was re	emoved from balanc	ee on by//
#			

Original to: Employee File / Copy to: Employee & DBM (leave.bank@maryland.gov)