



ANNUAL LEAVE DIRECT DONATION FORM

A. To be completed by employee donating annual leave (Please print)

Name _____ Employee I.D. _____

Department _____ Classification _____

I am requesting to voluntarily transfer _____ hours of my accumulated annual leave to:

(Print name of intended recipient)

I understand the hours will be deducted from my accrued annual leave and that this donation is irrevocable. I certify I have not individually donated the maximum annual leave permitted of 40 hours combined, direct and bank, in a calendar year. Exception: HSS Unit may donate 40 direct and 40 bank in a calendar year.

Signature of Employee Donating Leave

Date

B. To be completed by the appointing authority designee.

The employee does not have sufficient annual leave hours to make this donation.

The employee has sufficient annual leave hours to make this donation.

Signature of Appointing Authority or Designee

Date

C. To be completed by the Office of the State Employer

Donating Employee:

Is eligible to donate, BU _____

Is not eligible to donate because _____

Signature of OSE Official

Date

D. Union authorization is required for employee represented by MCO to donate annual leave.

Signature of Authorized Union Official

Date

E. To be completed by the Office of the State Employer

Intended Recipient:

Is eligible, donation is approved

Is eligible, donation not approved because _____

Is not eligible, donation not approved

Signature of OSE Official

Date

OSE-16A INSTRUCTIONS

| WHO | WHAT |
|---|---|
| Section A. Donating Employee | <ol style="list-style-type: none"> 1. Completes Section A. 2. Indicates number of hours to be donated. 3. Identifies intended recipient of donated hours. 4. Certifies as not donated the maximum number of hours. 5. Signs and dates Form. 6. Submits form to the Human Resources Office. |
| Section B. Appointing Authority Designee | <ol style="list-style-type: none"> 1. Certifies whether donating employee has a sufficient amount of annual leave hours to cover the donation. 2. The HR Office completes the ALD Hours Worksheet and ALD Criteria Form and submits those along with the donations to OSE via e-mail to the DTMB-OSE-ALDonation mailbox. |
| Section C. Office of the State Employer | <ol style="list-style-type: none"> 1. Determines intended recipient's eligibility 2. If the donating employee is eligible and represented by MCO, and the intended recipient is eligible, OSE will electronically send the form to MCO for approval. 3. If the donating employee is not eligible or the intended recipient is not eligible OSE will return the form to the HR Office. |
| Section D. MCO | <ol style="list-style-type: none"> 1. If the donating employee is eligible to donate, authorizes the direct transfer of annual leave hours for their bargaining unit employee. 2. Returns request electronically to the Office of the State Employer at DTMB-OSE-ALDonations@michigan.gov. |
| Section E. Office of the State Employer | <ol style="list-style-type: none"> 1. If the donating employee is eligible and the intended recipient is eligible, approves the requested donation, signs form and forwards electronically to Human Resources Office. If the request is approved also forwards to CSC Compliance and MCSC-DMO (if applicable). |
| Human Resources Office | <ol style="list-style-type: none"> 1. Deducts corresponding number of hours from the donating employee's annual leave adding the appropriate comment. 2. Adds hours to receiving employee's annual leave adding the appropriate comment. 3. Distributes a copy of the form to the donating employee and keeps the signed and original forms at the Human Resources Office. |