



**Request for Annual Leave From
S & E, HSS, MCO, UAW or NERE ANNUAL LEAVE BANK**

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

Employee Name _____ Employee I.D. No. _____

Department _____ Work Phone _____

My classification falls within: HSS S&E Unit MCO NERE UAW

I hereby request the use of _____ hours (not to exceed 40 hours) from my respective Annual Leave Bank.

Signature of Employee Requesting Annual Leave Date

B. To be completed by Human Resources Office/Appointing Authority and forwarded to OSE with the ALD Worksheet and ALD Criteria Form

The cost of this request is \$ _____ (requesting employee's hourly rate of \$ _____ x _____ no. of hours).

Signature of Appointing Authority or Designee Date

C. To be completed by the Union if Applicable

Union authorization is required for employees represented by the SEIU-HSS, MCO and UAW Local 6000

I authorize the transfer of _____ hours from the annual leave bank for this request.

Signature of Authorized Union Official Date

D. For OSE Use Only

Approved – I authorize DTMB to deduct \$ _____ from the _____ Annual Leave Bank. I authorize the department to add _____ hours of annual leave to the employee's counter as requested above.

Denied

Reason for Denial:

Signature of OSE Official

Date

E. To be completed by DTMB Financial Services

DTMB Financial Services has deducted \$ _____ from the _____ Annual Leave Bank. The Department is authorized to add _____ hours to the employee's annual leave counter as requested above.

Signature of DTMB Financial Services Official Date

**Request for Time from the S & E, HSS,
MCO, UAW or NERE Annual Leave Bank
INSTRUCTIONS**

Who	What
Section A: Employee Requesting Annual Leave	<ol style="list-style-type: none"> 1. Completes Section A. NOTE: You <u>may not</u> freeze any of your Annual Leave, Banked Leave Time, Sick Leave, Compensatory Time or Deferred Hours if you wish to participate in this program. 2. Signs and dates the form. 3. Forwards the request to their Human Resources Office.
Section B: Human Resources Office/Appointing Authority	<ol style="list-style-type: none"> 1. Computes value of hours requested at the requesting employee's current rate of pay. 2. Verifies bargaining unit. 3. The HR Office will complete the ALD Hours Worksheet and ALD Criteria Form 4. Obtains Appointing Authority's or Designee's signature. 5. HR Office forwards the request along with the required forms electronically to the Office of the State Employer at DTMB-OSE-ALDonations@michigan.gov.
Section C: Office of the State Employer	<ol style="list-style-type: none"> 1. OSE determines employee eligibility to receive ALD. 2. If eligible and funds are available in the bank, OSE forwards to Union, if applicable.
Section D: Office of the State Employer	<ol style="list-style-type: none"> 1. If approved by OSE (and the Union if applicable), OSE authorizes deduction from the appropriate Annual Leave Bank. <ul style="list-style-type: none"> • OSE authorizes addition of annual leave to requesting employee's counter. • Forwards electronic copy to DTMB Financial Services. 2. If denied by OSE, returns form to requesting employee's Human Resources Office and the appropriate union.
Section E: DTMB Financial Services	<ol style="list-style-type: none"> 1. Posts deductions from the Annual Leave Bank. 2. Authorizes addition of annual leave. 3. Keeps copy and sends electronically to OSE (DTMB-OSE-ALDonations@michigan.gov).
Office of the State Employer	<ol style="list-style-type: none"> 3. OSE electronically forward the completed form to HR and the Union, if applicable.
Human Resources Office	<ol style="list-style-type: none"> 1. Posts annual leave hours to employee's counter with comment and immediately adjusts any previous lost time to be covered by donations. 2. Distributes a copy to employee.