



## ANNUAL LEAVE DONATION DIRECT TRANSFER FORM

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

Name \_\_\_\_\_ Employee I.D. \_\_\_\_\_

Department \_\_\_\_\_ Work Phone \_\_\_\_\_

My classification falls within:

- |  |  |                               |
|--|--|-------------------------------|
| <input type="checkbox"/> AFSCME                                  | <input type="checkbox"/> SEIU – HSS Unit       | <input type="checkbox"/> UAW  |
| <input type="checkbox"/> Michigan Corrections Organization (MCO) | <input type="checkbox"/> SEIU – S & E Unit     | <input type="checkbox"/> NERE |
| <input type="checkbox"/> Michigan State Employees Assoc. (MSEA)  | <input type="checkbox"/> SEIU – Technical Unit |                               |

I hereby agree to voluntarily transfer \_\_\_\_\_ hours of my accumulated annual leave to: \_\_\_\_\_

**NOTE:** Hours must be donated in whole hour increments. Minimum donations are:

1 hour – NERE, HSS and S & E Units; 4 hours – MCO, MSEA, UAW; 8 hours – AFSCME and Technical Unit

Signature of Employee Donating Leave \_\_\_\_\_ Date \_\_\_\_\_

### B. To be completed by employee receiving annual leave hours (Please print)

Name \_\_\_\_\_ Bargaining Unit \_\_\_\_\_

Employee I.D. \_\_\_\_\_ Department \_\_\_\_\_

Signature of Employee Receiving Leave \_\_\_\_\_ Date \_\_\_\_\_

### C. To be completed by the appointing authority or designee. I certify that the donating employee:

- has a sufficient amount of annual leave hours to cover the designated donation.
- does not have a sufficient amount of annual leave hours to cover the designated donation.

Signature of Appointing Authority or Designee \_\_\_\_\_ Date \_\_\_\_\_

### D. Union authorization is required for employee represented by SEIU-HSS, SEIU-Tech, MCO & MSEA to receive a direct donation.

Signature of Authorized Union Official \_\_\_\_\_ Date \_\_\_\_\_

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

Approved    Denied

Reason for denial:

Signature of OSE Official \_\_\_\_\_

Date \_\_\_\_\_

## ANNUAL LEAVE DONATION DIRECT TRANSFER FORM INSTRUCTIONS

WHO	WHAT
<b>Section A. Donating Employee</b>	<ol style="list-style-type: none"> <li>1. Completes Section A.</li> <li>2. Indicates number of hours to be donated. Maximum donation per calendar year per employee is 40 hours (this includes donated hours to the Annual Leave Bank).</li> <li>3. Signs Form.</li> <li>4. Submits form to the employee receiving hours for their completion of Section B.</li> </ol>
<b>Section B. Receiving Employee</b>	<ol style="list-style-type: none"> <li>1. Completes Section B. <b>NOTE:</b> 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.</li> <li>2. Signs and dates the form (if available).</li> <li>3. Submits form to the Human Resources Office for initial review. <b>NOTE:</b> Section B will be completed by Human Resources Office in the receiving employee's absence.</li> </ol>
<b>Section C. Appointing Authority/Human Resources Office</b>	<ol style="list-style-type: none"> <li>1. Certifies by signature whether donating employee has a sufficient amount of annual leave hours to cover the designated donation.</li> <li>2. The HR Office completes the <a href="#">ALD Hours Worksheet</a> and <a href="#">ALD Criteria Form</a> and submits those along with the donations to OSE via e-mail to <a href="mailto:DTMB-OSE-ALDonations@michigan.gov">DTMB-OSE-ALDonations@michigan.gov</a>.</li> </ol>
<b>Section D. SEIU-HSS, SEIU-TECH, MCO or MSEA</b>	<ol style="list-style-type: none"> <li>1. OSE determines whether the receiving employee is eligible for annual leave donation.</li> <li>2. If the employee is eligible to receive annual leave donation, OSE will electronically send the form to the appropriate union for their <b>approval</b>. If employee is not eligible OSE will complete Section E and return the form to the Human Resources Office.</li> <li>3. The Union authorizes the direct transfer of annual leave hours for their bargaining unit employee.</li> <li>4. Returns request electronically to the Office of the State Employer at <a href="mailto:DTMB-OSE-ALDonations@michigan.gov">DTMB-OSE-ALDonations@michigan.gov</a>.</li> </ol>
<b>Section E. Office of the State Employer</b>	<ol style="list-style-type: none"> <li>1. Approves or denies the requested donation, signs the form and forwards electronically to Human Resources Office and the Union.</li> </ol>
<b>Human Resources Office</b>	<ol style="list-style-type: none"> <li>1. Deducts corresponding number of hours from the donating employee's annual leave adding the appropriate comment.</li> <li>2. Adds hours to receiving employee's annual leave adding the appropriate comment.</li> <li>3. Distributes a copy of the form to the donating employee and keeps the signed and <b>original</b> forms.</li> </ol>