

# **STATE EMPLOYEES' LEAVE BANK DONATION FORM**

Please complete this form if you wish to donate leave to **JOIN** or **RENEW** your membership in the State Employees' Leave Bank.

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.

## **EMPLOYEE TO COMPLETE**

**NAME:**

**SOCIAL SECURITY #:**

**AGENCY:**

**APPLICATION STATUS** (*please check one*):

**INITIAL**

**RENEWAL**

**REINSTATEMENT**

**I hereby certify that I am donating the following leave to establish membership in the State Employees' Leave Bank:**

**TYPE OF LEAVE**

**DONATED HOURS**

**Annual**

**Personal**

**Sick**

\_\_\_\_\_  
**SIGNATURE OF EMPLOYEE**

\_\_\_\_\_  
**DATE**

## **APPOINTING AUTHORITY 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.

\_\_\_\_\_  
**SIGNATURE OF APPOINTING AUTHORITY**

\_\_\_\_\_  
**DATE**