



### 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:

- AFSCME
- Michigan Corrections Organization (MCO)
- Michigan State Employees Assoc. (MSEA)
- SEIU – HSS Unit
- SEIU – S & E Unit
- SEIU – Technical Unit
- UAW
- NERE

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 the appointing authority or designee.**

I certify that the donating employee has a sufficient amount of annual leave hours to cover the designated donation.

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

**C. To be completed by employee receiving annual leave hours (Please print)**

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

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

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

**D. Union authorization is required for receiving employee represented by AFSCME, SEIU-HSS, SEIU-Tech, MCO & MSEA.**

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.</b> <b>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 Human Resources Office and the employee receiving hours for their completion of Section C.</li> </ol>
<b>Section B.</b> <b>Appointing Authority/Human Resources Office</b>	<ol style="list-style-type: none"> <li>1. Certifies donating employee has a sufficient amount of annual leave hours to cover the designated donation.</li> </ol>
<b>Section C.</b> <b>Receiving Employee</b>	<ol style="list-style-type: none"> <li>1. Completes Section C.  <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 C will be completed by Human Resources Office in the receiving employee's absence and electronically sent to the Office of the State Employer at <a href="mailto:DTMB-OSE@michigan.gov">DTMB-OSE@michigan.gov</a>. If the employee is eligible, OSE will electronically send the form to the appropriate union for their approval.</li> </ol>
<b>Section D.</b> <b>AFSCME, SEIU-HSS, SEIU-TECH, MCO or MSEA</b>	<ol style="list-style-type: none"> <li>1. Authorizes the direct transfer of annual leave hours for their bargaining unit employee.</li> <li>2. Returns request electronically to the Office of the State Employer.</li> </ol>
<b>Section E.</b> <b>Office of the State Employer</b>	<ol style="list-style-type: none"> <li>1. Reviews, approves or denies the requested donation, signs form and forwards electronically to Human Resources Office and the Union. If the request is approved also forwards to CSC Compliance and MCSC-DMO (if applicable).</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 at the Human Resources Office.</li> </ol>