

EMPLOYEE-TO-EMPLOYEE LEAVE DONATION PROGRAM - REQUEST FORM

**FORM TO BE COMPLETED TO DONATE LEAVE TO ANOTHER STATE EMPLOYEE
OR RECEIVE DONATED LEAVE FROM ANOTHER STATE EMPLOYEE**

COMPLETE PART I IF DONATING LEAVE TO ANOTHER EMPLOYEE

PART I

EMPLOYEE MAKING THE LEAVE DONATION:

NAME: _____ *SOCIAL SECURITY #: _____

** Providing your full Social Security Number will help us to verify your identity. Failure to provide it may result in rejection of your request. Your number will be kept confidential in accordance with Federal and State laws and regulations.*

AGENCY: _____ AGENCY CODE: _____

TYPE OF LEAVE DONATED: SICK** NUMBER OF HOURS: _____

*** If you are donating sick leave, you must maintain a balance of at least 240 hours of sick leave after the donation is deducted.*

ANNUAL NUMBER OF HOURS: _____

PERSONAL NUMBER OF HOURS: _____

I AM DONATING THIS LEAVE TO:

EMPLOYEE'S NAME: _____ *SOCIAL SECURITY #: _____

** Providing your full Social Security Number will help us to verify your identity. Failure to provide it may result in rejection of your request. Your number will be kept confidential in accordance with Federal and State laws and regulations.*

AGENCY: _____ AGENCY CODE: _____

I understand that if the employee to whom I am donating leave does not use the leave for any reason, the unused donated leave is forfeited to the State Employees' Leave Bank.

Signature: _____ Date: _____

CERTIFICATION OF DONATING EMPLOYEE'S APPOINTING AUTHORITY/TIMEKEEPER

As the appointing authority/timekeeper for the employee making the above leave donation, I certify this donation is in compliance with COMAR 17.04.11.22C(3).

Signature: _____ Date: _____

HAVE YOUR APPOINTING AUTHORITY/TIMEKEEPER COMPLETE PART II IF YOU ARE RECEIVING DONATED LEAVE FROM ANOTHER EMPLOYEE

PART II

CERTIFICATION OF RECEIVING EMPLOYEE'S APPOINTING AUTHORITY/TIMEKEEPER

As the appointing authority/timekeeper for the employee receiving the above leave donation, I certify that the employee has not received more than a total of 2080 hours of donated leave from the State Employees' Leave Bank and/or the Employee-to-Employee Leave Donation Programs during the employee's State service. I further affirm that the employee has not used donated leave for a continuous period that exceeds 16 months when combined with all other forms of paid leave.

Signature: _____ Date: _____