

**STATE OF MICHIGAN**  
**Request for Time From**  
**S & E, HSS, MCO, UAW or NERES ANNUAL LEAVE BANK**

**A. To be completed by employee requesting time (Please print)**

Employee Name \_\_\_\_\_ Employee I.D. No. \_\_\_\_\_

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

My classification falls within:

- HSS Unit                       S & E Unit                       MCO  
 NERES                               UAW

- 1) I have satisfactorily completed the probationary period required to receive this donation.
- 2) I have submitted the leave application and appropriate medical certification required for this leave to be approved. My leave will start \_\_\_\_\_ and will end \_\_\_\_\_.
- 3) I will have exhausted all my available leave credits as of \_\_\_\_\_ (date). **Please note, you may not freeze any of your Annual Leave, Sick Leave or Compensatory Time if you wish to participate in this program.**
- 4) I will not be eligible to receive Worker's Compensation for the absence covered by this donation.
- 5) I will not be eligible to receive Long Term Disability (LTD) for the absence covered by this donation – or – I will be eligible for LTD and request annual leave donations for lost time during the waiting period.
- 6) I am facing a financial hardship (40 consecutive hours or more of lost time) due to serious injury or prolonged illness of myself, or my dependent spouse, child or parent (for UAW – immediate family as defined in Article 40).
- 7) I hereby request the use of \_\_\_\_\_ hours from my respective Annual Leave Bank from \_\_\_\_\_ to \_\_\_\_\_.

\_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_

**B. Approval by the Union is required for employees represented by the SEIU-HSS, MCO and UAW Local 6000.**

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

**C. To be completed by Human Resources Office / Appointing Authority**

- Approved** - I certify this employee has satisfactorily completed the probationary period required to receive this donation, has exhausted all available leave credits, is facing \_\_\_\_\_ hours without pay, no long-term disability or Worker's Compensation will be paid during the absence covered by this donation, and the absence would otherwise be approved. The cost of this request is \$ \_\_\_\_\_ (requesting employee's hourly rate of \$ \_\_\_\_\_ x no. of hours).  
 **Denied** - This employee does not meet the requirements.

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

**D. To be completed by the Office of the State Employer**

- 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 \_\_\_\_\_

\_\_\_\_\_  
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 \_\_\_\_\_

\_\_\_\_\_  
Date \_\_\_\_\_

**INSTRUCTIONS**  
**Request for Time From S & E, HSS, MCO, UAW or NERES**  
**ANNUAL LEAVE BANK**

<b>WHO</b>	<b>DOES WHAT</b>
<p><b>Section A.</b> Employee</p>	<ol style="list-style-type: none"> <li>1. Completes Section A.</li> <li>2. Verifies requirements are met.  <b>NOTE:</b> You <u>may not</u> freeze any of your Annual Leave, Sick Leave or Compensatory Time if you wish to participate in this program.</li> <li>3. Signs form.</li> <li>4. If represented by the HSS Unit, UAW, or MCO submits form to Union electronically for their approval.</li> <li>5. If employee is not represented by the HSS Unit, UAW, or MCO forwards request Human Resources Office (Section D below).</li> </ol>
<p><b>Section B.</b> SEIU - Human Services Support Unit UAW Local 6000 or MCO</p>	<ol style="list-style-type: none"> <li>1. Authorizes deduction from the applicable Annual Leave Bank.</li> <li>2. Returns request to the Office of the State Employer at <u><a href="mailto:DTMB-OSE@michigan.gov">DTMB-OSE@michigan.gov</a></u>.</li> </ol>
<p>Office of the State Employer</p>	<ol style="list-style-type: none"> <li>1. Forwards request to the appropriate department Human Resources Office.</li> </ol>
<p><b>Section C.</b> Human Resources Office / Appointing Authority</p>	<ol style="list-style-type: none"> <li>1. Verifies employee eligibility: <ol style="list-style-type: none"> <li>a. Completed required probationary period.</li> <li>b. All leave credits have been exhausted (Annual Leave, Sick Leave, BLT, deferred hours and comp time).</li> <li>c. Employee is not eligible to receive LTD or Workers Compensation during the absence covered by the donation.</li> <li>d. Employee's absence would otherwise be approved.</li> </ol> </li> <li>2. Computes value of hours requested.</li> <li>3. Verifies bargaining unit.</li> <li>4. Obtains Appointing Authority's or Designee's signature.</li> <li>5. Human Resources Office forwards request electronically to the Office of the State Employer at <u><a href="mailto:DTMB-OSE@michigan.gov">DTMB-OSE@michigan.gov</a></u> .</li> </ol>
<p><b>Section D.</b> Office of the State Employer</p>	<ol style="list-style-type: none"> <li>1. Verifies employee eligibility.</li> <li>2. Verifies value of hours to be deducted and the appropriate Annual Leave Bank.</li> <li>3. Authorizes deduction from the appropriate Annual Leave Bank.</li> <li>4. Authorizes addition of annual leave.</li> <li>5. Forwards electronic copy to DTMB Financial Services at <u><a href="mailto:SumnerD3@michigan.gov">SumnerD3@michigan.gov</a></u>.</li> </ol>
<p><b>Section E.</b> DTMB Financial Services</p>	<ol style="list-style-type: none"> <li>1. Posts deductions from the Annual Leave Bank.</li> <li>2. Authorizes addition of annual leave.</li> <li>3. Keeps copy and sends electronically to OSE (<u><a href="mailto:DTMB-OSE@michigan.gov">DTMB-OSE@michigan.gov</a></u>), and Human Resources Office.</li> </ol>
<p>Office of the State Employer</p>	<ol style="list-style-type: none"> <li>1. OSE notifies CSC Compliance and the Union.</li> </ol>
<p>Human Resources Office</p>	<ol style="list-style-type: none"> <li>1. Posts annual leave hours to employee's counter.</li> <li>2. Distributes a copy to employee.</li> </ol>