

STATE OF MICHIGAN

**Request for Time From
Scientific and Engineering, Human Services Support, Security Unit or MSC/NERES
CENTRAL ANNUAL LEAVE BANK**

NOTE: This form is for use by employees in the Scientific and Engineering Unit (H21), Human Services Support Unit (E-42), Security Unit (C-12) and managerial, supervisory, confidential, non-exclusively represented Business and Administrative unit employees for requesting time from their respective central annual leave bank. (See instructions on 2nd page)

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

Employee Name _____ Employee I.D. No. _____

Department _____ Work Phone _____

Classification/Level _____

- Check one: I am a member of the _____ bargaining unit.
 I am a managerial, supervisory, confidential, or non-exclusively represented Business and Administrative unit employee.

I certify that I will have exhausted all available leave credits as of _____ (date) and I hereby request the use of _____ hours (maximum of 240 hours) from my respective Central Annual Leave Donation Bank from _____ to _____ (date). I certify that I am facing financial hardship due to serious injury or prolonged illness of myself, or my dependent spouse, child or parent.

Signature_____
Date**B. To be completed by Appointing Authority**

- I hereby certify that this employee has satisfactorily completed the probationary period required to receive this donation, has exhausted all available leave credits, no long-term disability or Worker's Compensation will be paid during this time, and the absence would otherwise be approved.
- The total cost of this request is \$ _____ based on requesting employee's hourly rate of \$ _____.
- DMB/Fiscal Management Division is authorized to deduct \$ _____ (amount from B.2. above) from the following:
 Scientific and Engineering **or** Human Services Support **or** Security **or** MSC/NERE

Signature_____
Date**C. To be completed by the Union for all Human Services Support Unit employees.**

- I approve the request in Part A. above.

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

- I authorize DMB to deduct \$ _____ from the _____ bargaining unit's Central Annual Leave Bank.
- I hereby authorize the department to add _____ hours of annual leave to the employee's counter as requested above.

Signature_____
Date**E. To be completed by DMB / Financial Services / Fiscal Management Division**

DMB/Fiscal Management Division has deducted \$ _____ from the H21 or E42 C12 or MSC/NERES Central 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
Scientific and Engineering, Human Services Support, Security Unit or MSC/NERES
CENTRAL ANNUAL LEAVE BANK

WHO	DOES WHAT
Section A. Employee	<ol style="list-style-type: none">1. Completes Section A.2. Submits form to Human Resource Office.
Section B. Human Resource Office	<ol style="list-style-type: none">1. Verifies employee eligibility:<ol style="list-style-type: none">a. Completed required probationary period.b. All leave credits have been exhausted.c. Employee is not receiving LTD or Workers Compensation.d. Employee's absence would otherwise be approved.2. Computes value of hours requested.3. Obtains Appointing Authority's signature.4. Keeps copy and forwards form to Office of the State Employer (OSE). After DMB / Fiscal Management Division posts deductions to the Central Annual Leave Bank, they will send you the original. Distribute a copy to employee and keep original.
Section C. SEIU, Human Services Support	<ol style="list-style-type: none">1. Authorized deduction from the HSS Unit Annual Leave Bank.
Section D. DMB / Office of the State Employer	<ol style="list-style-type: none">1. Authorizes deduction from the Central Annual Leave Bank.2. Authorizes addition of annual leave.3. Forwards copy to DMB / Fiscal Management Division.
Section D. DMB / Fiscal Management Division	<ol style="list-style-type: none">1. Posts deductions to the applicable Central Annual Leave Bank.2. Keeps copy and forwards form to Human Resource Office for distribution of copy to employee.