

**MILITARY DONATED LEAVE PROGRAM
PARTICIPANT WORKSHEET**

Section I: PARTICIPANT INFORMATION

<hr/> <p>Employee Name (Please Print)</p>	<hr/> <p>Social Security Number (Required)</p>
<hr/> <p>Employing Agency Name</p>	

Section II: PROGRAM CERTIFICATION

I request to receive compensation from donated leave while on military leave for active duty. I am a permanent state employee with regular status in state service.
I understand and accept the following:

- I must elect to receive money from the statewide agency program pool or to receive only donations from specific individuals. If I participate in the statewide program pool, I will receive a pro-rated share of the total amount of funds available in the leave bank on any given month; if I elect to accept donated funds only from specific individuals, I will receive donated funds only when specific individuals donate funds directly to me.
- Donated leave funds are to make up the difference between the amount of gross pay I receive while on military active duty and my base rate of pay in my position with the state.
- I cannot receive more compensation under this program than I would have earned in base wages if I had not been on military leave.

I elect to participate in the Military Donated Leave Program pool.

I elect to accept funds from individual donations only.

My current military pay is more than my base state pay.

I elect to opt out of the Military Donated Leave Program. I have attached a signed "Participation Waiver and Release Form."

Section III DONATED FUNDS DISTRIBUTION

I authorize the state to direct deposit my funds under the agreement currently in place for direct deposit of my payroll check

I authorize the state to direct deposit my donated funds as directed in the attached direct deposit request form. (This form is included in the program information packet)

I authorize the state to release my check to: (please print clearly)

Name

Street Address Apt#

City, State, Zip Code

Employee Signature

Date

Please complete and sign this document and return to us along with a copy of your most recent Leave and Earnings Statement in the self-addressed envelope provided in this package. If you choose to opt out please complete and sign the Participation Waiver and Release form and return in the enclosed self-addressed envelope.

PLEASE SEE THE BACK SIDE OF THIS FORM FOR AN ADDITIONAL REQUEST.↓

