

# MCEA Sick Leave Bank Request

Montgomery County Education Association (MCEA)  
12 Taft Court • Rockville, Maryland 20850

**Telephone:** 301-294-MCEA (301-294-6232)

**INSTRUCTIONS:** Attach Sick Leave Bank Physician's statement and forward all copies to MCEA.

**Questions:** Call the Montgomery County Education Association (MCEA).

## Check one (✓)

Name: Mr.  Mrs.  Miss  Ms.  Dr.

First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_ Maiden Name \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone \_\_\_\_\_ Employee ID Number \_\_\_\_\_

School/Department \_\_\_\_\_ School Phone \_\_\_\_\_ School/Dept. No. \_\_\_\_\_

Position \_\_\_\_\_

Date your Available Sick Leave Expired \_\_\_\_/\_\_\_\_/\_\_\_\_

First Date of Consecutive Absence \_\_\_\_/\_\_\_\_/\_\_\_\_

## CHECK ALL THAT APPLY (✓)

### Previous Bank Grants:

Yes  No

### Months Employed:

10  12  Full-time

Part-time (hrs scheduled biweekly) \_\_\_\_\_

Signature, Bank Member \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Comments \_\_\_\_\_

**Please Note:** A member has 30 calendar days to apply for use of the bank. The 30 days will be calculated from the first day that the member will lose pay due to the lack of sick leave.

## APPROVAL

### MCEA Sick Leave Bank Committee

Request Approved  Yes  No Chairperson \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Number of days/hours approved \_\_\_\_\_ Effective dates: from \_\_\_\_/\_\_\_\_/\_\_\_\_ through \_\_\_\_/\_\_\_\_/\_\_\_\_

Comments \_\_\_\_\_

### MCPS Department of Human Resources

Request Approved  Yes  No Authorized Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Number of days granted to date \_\_\_\_\_

**DO NOT COMPLETE—PAYROLL USE ONLY**