

MCEA Sick Leave Bank Enrollment

Montgomery County Education Association (MCEA)

12 Taft Court
Rockville, Maryland 20850

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

INSTRUCTIONS

Complete unshaded areas only. **SIGN AND SEND ALL COPIES TO THE ABOVE ADDRESS.**

IMPORTANT

After your donation is approved, you will receive a copy of this form for your records. Your copy may be needed to verify your enrollment—DO NOT DESTROY.

Check one (✓)

Name: Mr. Mrs. Miss Ms. Dr.

Do you have a split position?

Yes No

First

Middle

Last

Address:

Street

Home Phone

City

State

Zip

Employee ID Number

School/Department

Have you ever been a member of a Sick Leave Bank? Yes No

Full-time hours Part-time hours (biweekly: no. of hours) _____ Date employed ____/____/____

If date of employment is between July 1 and the end of first semester (inclusive), check appropriate statement below:

As a 10-month unit member, I donate 2.0 days of my daily scheduled work time.

As a 12-month unit member, I donate 2.5 days of my daily scheduled work time.

If date of employment is any time during second semester but before June 30 and you join within that school year (inclusive), check appropriate statement below:

As a 10-month unit member, I donate 1.0 days of my daily scheduled work time.

As a 12-month unit member, I donate 1.2 days of my daily scheduled work time.

Approved

I have read and understand the Rules and Regulations which govern the MCEA Sick Leave Bank (attached);

Initials

Signature, Unit Member

Date

DO NOT COMPLETE—PAYROLL USE ONLY

Number of pay periods _____ Number of hours/days scheduled biweekly _____

Donation accepted: Yes No Number of hours/days donated _____

If no, state reason _____

Reviewed and posted by _____
Signature, Payroll Employee

Date posted or for pay day of ____/____/____