Montgomery County Education Association
12 Taft Court
Rockville, MD 20850 301.294.6232

SICK LEAVE BANK CANCELLATION

NAME: MR. ☐, MRS. ☐, MISS ☐, DR. ☐, (Check One)

FIRST | MIDDLE | LAST

DATE: Mo. | Day | Yr.

Example: For Jan. 9, 1972, enter:

0	1	0	9	7	2

ADDRESS: _____ (No. Street) _____ (City) _____ (State) _____ (Zip)

School or Dept. _____

Employee ID Number _____

TO MCEA SICK LEAVE BANK ADMINISTRATION COMMITTEE:

I hereby cancel any further donations to the MCEA Sick Leave Bank effective immediately, and authorize the Board of Education to halt the contribution of any future sick leave days to aforesaid bank. I understand that Sick Leave Bank benefits will terminate immediately and I also understand that the days I have contributed thus far will not be returned to me.

COMMENTS:

_____
Signature of Unit Member

MCEA Sick Leave Bank Committee _____ (Chairman) _____ (Date)

DO NOT COMPLETE – PAYROLL USE ONLY

Employee No. ☐☐☐☐ Percent Full Time ☐☐☐ No. Pay Periods ☐☐☐ Posted By _____ Date _____