



12 Taft Court | Rockville, MD 20850 | Telephone: 301.294.6232 | Fax: 202-244-0251 | www.mceanea.org

MCEA Sick Leave Bank Opt Out Form

Please return form to MCEA via Fax or Email at slb@mceanea.org

Employee Name _____

Hire Date _____

Employee Identification Number _____

Work Location _____

I decline membership in the MCEA Sick Leave Bank. I understand that I have thirty (30) days from the date of hire to opt out of the Sick Leave Bank. I understand that if I opt out within the above specified number of days, my Sick Leave Bank donation will be reinstated into my earned and available sick leave balances.

I understand that if I miss the 30-day period to opt out of the Sick Leave Bank, I can elect to end my membership at any time, but my donation of sick leave **will not** be returned to my sick leave balances.

I understand that I can join the Sick Leave Bank at any time. My donation will be governed by the rules and regulations in place at the time I join.

Employee Signature

Date