



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

MCEA Sick Leave Bank Cancellation Form

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

Name: Mr.	Mrs.	Miss	Ms.	Dr.
First: _____	Middle: _____	Last: _____		
Address: _____				
City: _____	State: _____	Zip: _____	Home Phone: _____	
School/ Department: _____		Employee ID Number: _____		
Date: _____				

TO MCEA SICK LEAVE BANK COMMITTEE:
I hereby cancel any further donation to the MCEA Sick Leave Bank effective immediately and authorize the Board of Education to halt the contribution of any further 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 Unite Member: _____
MCEA Sick Leave Bank Committee, Chairman: _____ Date: _____

DO NOT COMPLETE – PAYROLL USE ONLY		
Employee Number: _____	Percent Full-Time: _____	# of pay periods: _____
Posted By: _____	Date: _____	