



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

MCEA Sick Leave Bank Enrollment

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

INSTRUCTIONS:

Complete unshaded areas only.

IMPORTANT:

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

Name: Mr.	Mrs.	Miss	Ms.	Dr.
First: _____	Middle: _____	Last: _____		
Address: _____				
City: _____	State: _____	Zip: _____	Home Phone: _____	
School/ Department: _____	Employee ID Number: _____			
Do you have a split position? Yes No				
Have you ever been a member of a Sick Leave Bank? Yes No				
Full-time hours	Part-time hours (biweekly: # of hours): _____			Date employed: _____

If date of employment is between July 1 and the end of the 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 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 Initials: _____

DO NOT COMPLETE – PAYROLL USE ONLY

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

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

If no, state reason: _____

Signature, Payroll Employee: _____ Date posted or for pay day of: _____