



12 Taft Court | Rockville, MD 20850 | Telephone: 301.294.6232 | [www.mceanea.org](http://www.mceanea.org)

## MCEA Sick Leave Bank Enrollment

Please return form to MCEA via email at [slb@mceanea.org](mailto:slb@mceanea.org)

### INSTRUCTIONS:

Complete unshaded areas only.

### 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.**

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.
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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.
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Approved Initials: _____
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**DO NOT COMPLETE – PAYROLL USE ONLY**

Number of pay periods: \_\_\_\_\_ Number of hours/ days scheduled biweekly: \_\_\_\_\_

Donation accepter: Yes      No      Number of hours/days donated: \_\_\_\_\_

If no, state reason: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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