Howard County Education Association
Sick Leave Bank Enrollment Form

HCEA's Sick Leave Banks—one for teachers and one for education support professionals (ESPs)—provide assistance to employees covered by the bargaining unit in case of extended illness or injury. Conditions of enrollment and detailed guidelines for each bank are available from HCEA. The annual donation is recommended by the respective Sick Leave Bank Committee and set by the HCEA Board of Directors. Sick Leave Bank membership is continuous unless revoked in writing prior to the end of the enrollment period of each new school year.

Enrollment Period: **Teachers:** July 1 to October 31 **ESPs:** July 1 to October 31

Instructions: Sign and send the original to:
HCEA, 5082 Dorsey Hall Drive, Suite 102, Ellicott City, MD 21042 or via the PONY to "HCEA."

Please Print

SOCIAL SECURITY NUMBER: _____ - _____ - _____

EMPLOYEE ID# _____ LOCATION_____

NAME: _____
FIRST MIDDLE INITIAL LAST

ADDRESS: _____
STREET CITY STATE ZIP

HOME PHONE: (_____) _____ WORK PHONE: (_____) _____

POSITION (Check One.)

☐ Teacher

☐ ESP

EMPLOYMENT STATUS

☐ New Employee Hire Date: _____

☐ Return from leave Type of Leave _____

Dates of Leave: from _____ to _____

DONATION and SIGNATURE

As an employee covered by the HCEA bargaining unit , I donate the current assessment of one (1) day to the appropriate Sick Leave Bank.

Signature of Member: _____ Date: _____

DO NOT COMPLETE - PAYROLL USE ONLY

Percentage (%) of full time _____ Number of Days Donated _____

Reviewed and Posted by _____ Date Posted _____

***Revised 8/21/13**