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*Dear Colleagues:*

 *(recipient) is currently caring for a family member with a serious medical condition and the FCLE committee has approved their use of FCLE.*

*Below is a “Contribution Form” to use if a unit member wishes to donate one (1) day or two (2) days of their leave days to the recipient. Rules for donations:*

*1 day may be donated IF donor has 16-29 accrued days*

*2 days may be donated IF donor has 30+ accrued days*

**CONTRIBUTION**

**I am hereby authorizing HCPSS/HCEA Family Crisis Leave Exchange to deduct:**

**\_\_\_\_\_ONE (1) day \_\_\_\_\_\_ TWO (2) days of my**

**(Check one) \_\_\_\_\_ earned sick leave \_\_\_\_\_annual leave or \_\_\_\_\_ personal leave to be contributed**

**for recipient**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Employee ID No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Unit (circle either): ESP. or Certificated Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School/Dept.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Contributor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Return this to Elisa Lemaire: elemaire@mseanea.org or fax to 410-997-3443

**Please contact Kira Schuman, MSEA UniServ, or Elisa Lemaire, FCLE Staff Liaison, if needed.**

Thank you for your support.

Kira Schuman Elisa Lemaire

MSEA UniServ Director FCLE Staff Liaison

kschuman@mseanea.org elemaire@mseanea.org