

Sick Leave Bank Enrollment Form

HCEA's Sick Leave Banks, one for certificated/teachers and one for education support professionals (ESPs), provide assistance to employees in case of extended illness or injury. Conditions of enrollment and detailed guidelines for each bank are available at hceanea.org. Annual donations are 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. Members returning from a HCPSS approved leave of absence and new hires must complete this enrollment form within thirty (30) calendar days of hire or return, and agree to be subjected to the assessment for the current year.

Enrollment Period: September 1 to October 31

Instructions: Complete, sign, and return to HCEA via email, mail, or PONY. For questions, please call HCEA's Sick Bank Coordinator at 410-997-3440.

hceasl@hceanea.org • 5082 Dorsey Hall Drive • Suite 102 • Ellicott City, MD 21042 • via PONY to "HCEA"

EMPLOYEE ID#: _____ WORK LOCATION: _____

NAME: _____
FIRST MIDDLE INITIAL LAST

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME/CELL PHONE: (_____) _____ WORK PHONE: (_____) _____

POSITION: (check one) Teacher ESP

EMPLOYMENT STATUS: (check one and complete requested information)

New Employee: Hire Date ____ / ____ / ____

Return From Leave: Type of Leave _____ Dates of Leave: from _____ to _____

Membership and Donation Agreement

I hereby agree to join the Sick Leave Bank and be subjected annually to the determined assessment. I understand that this agreement is voluntary and is not a condition of employment with the Board of Education.

Signature of Member: _____ Date: _____

DO NOT COMPLETE - HCPSS PAYROLL USE ONLY

Percentage (%) of full time: _____

Number of Days Donated: _____

Reviewed and Posted by: _____

Date Posted: _____

DO NOT COMPLETE - HCEA USE ONLY

Date Received: _____