



# MCPS/SEIU Local 500 SICK LEAVE BANK DONATION FORM



**PLEASE PRINT**

DATE OF HIRE \_\_\_/\_\_\_/\_\_\_

EMPLOYEE ID # \_\_\_\_\_

\_\_\_\_\_

Last Name	First Name	MI
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Mailing Address: \_\_\_\_\_

House #	Street	Apt. #
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\_\_\_\_\_

City	State	Zip Code
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Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Job Title: \_\_\_\_\_ 10 month or 12 month  
Please circle one

Subject to approval of this application, I authorize the donation of two of my sick leave days to the bank for the initial premium and subsequent annual donations in accordance with the Sick Leave Bank Rules of Procedure in effect at the time.

\_\_\_\_\_

Signature of Employee	Date
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**TO BE COMPLETED BY SEIU LOCAL 500/MCPS**

**SEIU Local 500**

Sent to ERSC on: \_\_\_\_\_ Eligible for Bank benefits on: \_\_\_\_\_

Authorized  
Signature: \_\_\_\_\_

**SEIU Local 500**

**MCPS**

Donation accepted: \_\_\_yes or \_\_\_no  
If no, state the reason below:

\_\_\_\_\_  
\_\_\_\_\_

Reviewed and posted by: \_\_\_\_\_ For pay period: \_\_\_\_\_

**The terms and conditions of participation in the MCPS/SEIU Local 500 Sick Leave Bank are subject to change, as agreed upon by SEIU Local 500 and Montgomery County Public Schools.**

MCPS/ SEIU Local 500 Sick Leave Bank  
901 Russell Avenue, Suite 300, Gaithersburg, MD 20879