



**ACE-AFSCME, Local 2250
SICK LEAVE BANK DONATION FORM**

Instructions: Sign and send completed donation form to ACE-AFSCME Local 2250, 3231 Superior Lane #A3, Bowie, MD 20715 via the PONY or the U.S. Mail. Copies of the Sick Leave Bank rules are available from AFSCME or your work location. For information call 301-809-0472.

PLEASE PRINT LEGIBLY

Social Security Number _____ - _____ - _____ **ACE-AFSCME MEMBER?** ____ YES ____ NO

First	Middle	Last Name	Date of Hire	
Street	City	State	Zip	Home Phone #
Work Location	Job Title	Work Location Phone #		

I hereby apply for membership in the ACE-AFSCME Sick Leave Bank and donate two and one-half days (2-1/2) of my earned sick leave to the Bank to provide for such membership. I authorize such deductions from my earned sick leave in future school years as may be established by the rules committee to provide for the continued operation of the Sick Leave Bank. In signing this authorization, I acknowledge receipt of a copy of the ACE-AFSCME Sick Leave Bank Rules. If you are a retiree from the PGCPs System you are not eligible to join the sick leave bank.

Have you consulted any doctors or been under treatment in the past 5 years, including Workmen's Compensation?

_____ yes _____ no If yes, give year and illness _____

I understand that I may withdraw from the Sick Leave Bank at any time by submitting such a request, in writing, to the Sick Leave Bank Approval Committee of ACE-AFSCME. However, if my request for withdrawal occurs AFTER July 1 of the next fiscal year, my donated days will remain in the Bank and will not be reinstated to my sick leave balance. Effective the date of cancellation I shall not be eligible to use the bank.

I understand that the effective date of transfer to another bargaining unit within the PGCPs System will automatically be transferred, and I will be subject to all rules, terms, and conditions of the new bank.

Signature of Employee

Date

Official Use Only – Do not write below this line

Approved by ACE-AFSCME Sick Leave Bank Committee
This is not valid until approved by the Sick Leave Bank Committee

PGCPs Human Resources Department Use Only

Employee Number: _____

(Authorized Signature)

Date of Hire: _____

Received: _____

Transmitted to Human Resources: _____

Sick Leave Balance: _____

Letter Sent: _____

Sick Hours Deducted: _____