

Employees' Sick Leave Bank (SLB)

Membership Application

Employee's Name – Please print			□ Non-		
Employee ID Number			Hire Date	e	
Check the appropriate b	10X.				
	Employment Status				
- L	□ Full-time				
	□ Part-time				
Eligible career employees may join the SLB within 45 days of attaining career status or during any annual open enrollment period following attainment of career status. Appointed employees may join the SLB within 45 days of date of hire. New employees may not participate in the SLB while they are on probation. First-time members and members rejoining the Bank must satisfy a six-month waiting period before leave can be approved. Employees that participate on a continuous basis may request leave from the SLB immediately. Full-time employees contribute 8 hours of sick leave while part-time employees contribute 4 hours of sick leave. Only sick leave will be deducted unless sick leave is exhausted. Leave cannot be returned once the election has been received and credited to the SLB. Bargaining unit members of the Montgomery County Government Employees Organization (MCGEO) Local 1994 may not simultaneously participate in both the SLB and the Sick Leave Donor Program. Members of the Fraternal Order of Police Union (FOP) are not eligible for the SLB. After first attaining career status (successful completion of probationary status): Enrollment is effective the 1st					
of the month following receipt of the form. Leave will be collected from new members within 30 days of receipt of the enrollment form in the Health & Benefits Office. Open enrollment: For employees who join the bank during open enrollment or remain in the SLB from the previous year, leave is targeted for collection during the first quarter of the year.					
If the employee does not may substitute up to 8 of the last full payroll per and 2 hours of annual lewith this requirement to	hours of annual leave. eriod in December. If eave to be used to co	For exam annual leam mplete the	ple, suppose ve is availab	e only 6 hours of side, the employee at	ck leave are available as uthorizes 6 hours of sick
The Sick Leave Bank be further explanation of S		. See Sick	Leave Bank	Administrative Pro	cedures (No. 99-05) for
Signature		Date		(Keep se	cond copy for your records)
	HEALTH & BENEFITS C	NI V	DATE	INITIALS	I
	Received	/INL T	DATE	INITIALS	
	HRIS				
	Effective Date				
	Verified				

RETURN THIS FORM TO:

M-NCPPC Health & Benefits Office Suite 404 6611 Kenilworth Avenue Riverdale, MD 20737

OR Email to Benefits@mncppc.org Fax to 301-454-1687