THE MARYLAND-NATIONAL CAPITAL PARK AND PLANNING COMMISSION

Employees' Sick Leave Bank (SLB)

Membership Application

Employee's Name - Please print

□ Union □ Non-Union

Employee ID Number

Hire Date

Check the appropriate box.

| Enrollment | Employment Status | |
|-------------------|-------------------|--|
| New Enrollment | □ Full-time | |
| Cancel enrollment | Part-time | |

Eligible Merit System and Appointed employees may join the SLB within 60 calendar days of hire or during any annual open enrollment period. 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.

<u>Within 60 calendar days of hire:</u> 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. If your do not enroll within 60 days of hire, you cannot enroll until the next open enrollment period.

<u>Open enrollment</u>: 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 following year.

If the employee does not have 8 hours of sick leave, annual leave may be substituted. For example, if only 6 hours of sick leave are available and annual leave is available, the employee authorizes 6 hours of sick and 2 hours of annual leave to be used to complete the membership requirements. An employee must comply with this requirement to be a member of the SLB.

The Sick Leave Bank benefit is 80% of salary. See Sick Leave Bank Administrative Procedures (No. 99-05) for further explanation of SLB procedures.

Signature

Date

| HEALTH & BENEFITS ONLY | DATE | INITIALS |
|------------------------|------|----------|
| Received | | |
| 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