

CONFIDENTIAL HCEA-ESP Sick Leave Bank Request

Harford County Education Association (HCEA)
c/o Harford County Public Schools
102 S. Hickory Avenue, Bel Air, MD 21014

Requests to draw from the SLB MUST BE RECEIVED WITHIN 30 CALENDAR DAYS from the first date of bank usage. Please PRINT or TYPE all information.

INSTRUCTIONS: To determine your eligibility to use HCEA-ESP's Sick Leave Bank, please complete the following:

1. Complete the form below by providing all requested information and click SUBMIT or email to Mecca.Woods@hcps.org.
2. Download the Sick Leave Bank Physician's statement (2 pages) and scan/email completed copies to HCPS. Attention: Mecca Woods, Payroll Dept., email: Mecca.Woods@hcps.org

Please provide all information. Incomplete forms will not be processed.

Check one (√): Mr. Mrs. Ms. Dr. Employee ID Number _____

Last _____ First _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Non-Work Email _____

School/Department _____ School Phone _____

Position _____ Hire Date _____ (MM/DD/YY)

Reason for this sick leave bank request: _____

Have you received treatment for any condition or illness in the past 90 days?

No Yes If yes, please explain. _____

Type of Grant Request: **Initial** Request **Extension** Request

Was this illness/injury work related?

No Yes If yes, indicate date and status of application _____

All accumulated leave (Sick/Personal Business/Annual) must be depleted before receiving bank days.

Number of days requested from the bank _____ (30-day maximum)

Specific Dates Requested: _____

**Dates must fall within what your treating physician indicates. You are responsible for knowing when your regular sick and personal days have been exhausted. HCPS will verify your available leave data and confirm on page 2 of the SLB application.*

If any portion of my application is falsified, it may result in disqualification for Sick Leave Bank grants and/or disciplinary action by my employer. By submitting this form, I certify that I have reviewed and that I am in compliance with all policies and procedures for Sick Leave Bank, including disclosure of any secondary employment. I hereby authorize the Harford County Board of Education to release information from my personnel file regarding my medical history, doctor's records and/or letters, and use of sick leave to the HCEA-ESP Sick Leave Bank Approval Committee, consent to the foregoing agreement and agrees to be bound by the terms and conditions of the Sick Leave Bank.

Name and ID of Applicant

Date (MM/DD/YY)

FOR INTERNAL OFFICE VERIFICATION

Leave Depleted? <input type="checkbox"/> Yes <input type="checkbox"/> No	First Unpaid Day: ___ / ___ / ___	Portion (Hours) Unpaid of First Unpaid Day: _____
Date Information Confirmed ___ / ___ / ___	First Day of Absence: ___ / ___ / ___	Info Provided By: _____
Has Applicant received previous SLB Grants? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, how many? _____ Dates: _____	Number of days of lifetime sick leave bank usage at time of application: ___

TO BE COMPLETED BY SICK LEAVE BANK COMMITTEE

Request Approved <input type="checkbox"/> Yes <input type="checkbox"/> No	Authorized Signature _____	Date
Circle Duty Days Approved by SLB Approval Committee		
Month _____ 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31		
Month _____ 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31		
Month _____ 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31		
Total Number of Hours Granted		Total Number of Days Granted
Comments		