

**ACE-AFSCME Local 2250  
SICK LEAVE BANK DONATION AND WITHDRAWAL FORM**

**Instructions:** Return Donation Form to ACE-AFSCME Local 2250, 14440 Old Mill Road, Upper Marlboro, MD 20772 via the PONY or the U.S. Mail. Conditions of enrollment are available from AFSCME or your faculty representative. For more information call 301-809-0472.

*PLEASE PRINT LEGIBLY*

EIN Number: \_\_\_\_\_ ACE-AFSCME MEMBER? \_\_\_\_Yes \_\_\_\_NO

\_\_\_\_\_  
 First Middle Last Name Date of Hire

\_\_\_\_\_  
 Street City State Zip Home Phone #

\_\_\_\_\_  
 Work Location Location # Work Location Phone #

Please check the appropriate box.

I hereby **APPLY** for membership in the ACE-AFSCME Sick Leave Bank and donate two days (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 availability of the ACE-AFSCME Sick Leave Bank Rules on the website.

Have you consulted a doctor or been under treatment in the past 5 years for a serious illness, 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 checking the box below. If my request for withdrawal is submitted between July 1 and September 30 my donated days will be reinstated to my sick leave balance and will not remain part of the Bank.

I understand that my sick leave bank membership will automatically be transferred to another bargaining unit's sick leave bank within the PGCPs on my day of transfer. I also understand that I will be subject to all rules, terms, and conditions of the new sick leave bank. When returning from a Leave of Absence you must rejoin the sick leave bank by resubmitting this form.

I wish to **WITHDRAW** my membership in Local 2250's Sick Leave Bank:  
 Immediately: \_\_\_\_\_ Between July 1<sup>st</sup> and September 30<sup>th</sup>: \_\_\_\_\_

\_\_\_\_\_  
 Signature of Employee Date

*Official Use Only – Do not write below this line*

\_\_\_\_\_  
 Approved by ACE-AFSCME Sick Leave Bank Committee PGCPs Human Resources Department Use Only  
 This is not valid until approved by the Sick Leave Bank Committee

\_\_\_\_\_  
 (Authorized Signature) Date of Hire: \_\_\_\_\_

Received: \_\_\_\_\_ PRC Code: \_\_\_\_\_

Transmitted to Personnel: \_\_\_\_\_ Sick Leave Balance: \_\_\_\_\_

Letter Sent: \_\_\_\_\_ Sick Leave Code: \_\_\_\_\_