



**EDUCATION SUPPORT PROFESSIONAL
SICK LEAVE BANK ENROLLMENT/
WITHDRAWAL FORM**

SAAAAC's Sick Leave Bank is for Education Support Professionals (ESPs) which aids employees covered by the bargaining unit in case of extended illness or injury. Conditions of enrollment and detailed guidelines for the bank are available from SAAAAC's website. Sick Leave Bank membership is continuous unless revoked in writing prior to the end of the enrollment period of each new school year.

All request to draw from the bank must be made on the approved form and submitted to the SLBC NO later than 30(thirty) days prior to the first date bank usage is requested.

Enrollment Period: July 1 to September 30 (Must be postmarked by September 30, no exception)

**Instructions: Sign and send the original to: SAAAAC Sick Leave Bank
c/o TAAAC
2521 Riva Rd Ste L-7
Annapolis, MD 21401**

PLEASE PRINT

Employee ID Number: _____

Check One:

- MEMBERSHIP IN BANK
- CANCELLATION OF MEMBERSHIP

DATE OF APPLICATION: Month _____ Day _____ Year _____

FULL NAME – LAST FIRST MIDDLE NAME

ADDRESS: _____
(Number and Street)

CITY STATE ZIP

HOME/CELL PHONE NUMBER ___ - ___ - ___ WORK PHONE NUMBER ___ - ___ - ___

POSITION: _____

EMPLOYMENT STATUS

SCHOOL NAME: _____

- NEW EMPLOYEE
- RETURN FROM LEAVE

DONATION and SIGNATURE

As an employee covered by the SAAAAC bargaining unit, I donate the current assessment of one (1) day to the appropriate Sick Leave Bank.

SIGNATURE OF
MEMBER: _____
DATE: _____

CENTRAL OFFICE USE ONLY

PREPARERS INITIALS: _____

DATE STAMP: _____