



Harford County Education Association

2107 LAUREL BUSH RD ● SUITE 201
BEL AIR, MD 21015 ● PHONE: (410) 838-0800 ● WWW.HARFORDCEA.ORG

SICK LEAVE BANK APPLICATION FOR ENROLLMENT/CANCELLATION

ALL ENROLLMENT FORMS MUST BE RECEIVED AT THE HCEA OFFICE BY MAY 31ST AT 4PM

Please return the completed form to the attention of
"HCEA 2107 Laurel Bush Rd Suite 201 Bel Air MD, 21015."

Teachers' unit, i.e., school counselors, psychologists, media specialists, occupational therapists, physical therapists,
and speech and hearing clinicians.

Application For: ENROLLMENT CANCELLATION

Applicant Information

Full Name: Last First M.I. Date:

Address: Street Address Apartment/Unit #

City State ZIP Code

Phone: ( ) E-mail Address:

Work Phone: ( ) School :

Date of Birth: Social Security #: Employee ID #:

Position: Hire Date:

Have you ever received treatment for any condition or illness in the past six months? YES NO

Three horizontal lines for providing additional information or details.

Signature

I certify that my answers are true and complete to the best of my knowledge.
I understand that false or misleading information in my application may result in termination from the Sick Leave Bank.

Signature: Date:

CURRENT MEMBERS WHO DESIRE TO CONTINUE
MEMBERSHIP NEED TO DO NOTHING. MEMBERSHIP WILL BE
AUTOMATICALLY RENEWED.