

**ESP**

Harford County Education Association

2107 Laurel Bush Road, Ste 201, Bel Air, MD 21015

410-838-0800 www.harfordcea.org

To: All ESP within the HCEA-ESP Bargaining Unit

From: Mecca Woods, Chairperson

Re: Sick Leave Bank Membership (**OPEN ENROLLMENT/CANCELLATION)**

The Sick Leave Bank for support staff is being administered jointly by HCEA-ESP and HCPS. All Education Support Professionals (ESP) within the HCEA -ESP Bargaining Unit are eligible to join the Sick Leave Bank. Participation in the bank is VOLUNTARY.

ESP who wish to participate in the bank will be assessed one sick day. If our SLB reserve falls below 60 days, a re-assessment will be necessary. All SLB members will be notified in writing if this re-assessment is necessary.

SLB guidelines and applications are available at all school offices, Human Resources, and the HCEA office. For additional information, please call the HCEA-ESP office at 410-838-0800 or Mecca Woods at 410-588-5255.

**CURRENT MEMBERS**: If you wish to **withdraw** from the Sick Leave Bank, please complete the form below making sure to indicate ***cancellation***. If you wish to continue your membership, you **do not** need to do anything. Membership will be automatically renewed.

**NEW MEMBERS**: You may enroll in the SLB during open enrollment. Please complete the form below making sure to indicate ***enrollment***.

**All forms should be completed and returned via courier envelope marked:**

**“ESP SLB”, Mecca Woods, SLB Chairperson, Payroll Dept.**

### *All enrollment forms must be received by Mecca Woods by 4:00 pm on May 31, 2022.*

**APPLICATION FOR ENROLLMENT/CANCELLATION**

**Return To:**

**Mecca M Woods**

**SLB Chairperson**

**Central Office - Payroll**

# Name (Please Print Clearly)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last First MI Date of Birth

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Address* Number and Street City or Town State Zip Code

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position Home Telephone Work Telephone

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School/Work Location Signature of Member

Have you received treatment for any condition or illness in the past 90 days? \_\_\_\_\_ YES \_\_\_\_ NO If yes, please explain.

Application For:

ENROLLMENT \_\_\_\_\_\_

CANCELLATION\_\_\_\_\_

Employee ID Number

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Hire\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_