CONFIDENTIAL HCEA Sick Leave Bank Request

Harford County Education Association (HCEA)
c/o Harford County Public Schools
102 S. Hickory Avenue, Bel Air, MD 21014
Telephone: 410-588-5225 ~ www.hcps.org

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

1. Complete the form below by providing all requested information.
2. Download the Sick Leave Bank Physician's Statement (2 pages) and scan/email completed copies to HCPS. Attention: Hilary Bomert, Hilary.Bomert@hcps.org

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

Check one (✓): ☐Mr. ☐Mrs. ☐Ms. ☐Dr. Employee ID Number_____

Last_____ First_____ MI_____

Address_____ City_____ State_____ Zip_____

Home Phone_____ Cell Phone_____

Non-Work Email_____

School/Department _____ School Phone_____

Position_____ Hire Date_____ (MM/DD/YY)

FIRST YEAR SICK LEAVE BANK MEMBERS ONLY. ***If you are not a first-year member of the Sick Leave Bank, please skip this section.***

Is this request related to a pre-existing condition listed on your SLB Enrollment Form? ☐Yes ☐No

If yes, have you been treatment free for 90 days since enrolling in the SLB? ☐Yes ☐No

Reason for this sick leave bank request_____

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

Was this illness/injury work related?

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

_____

The **maximum** number of duty days that can be requested at one time is **30 duty days**.

Specific dates of days required_____

*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 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

Verified Available Accrued Leave Dates: _____

Has applicant received previous SLB grants? ☐ Yes ☐ No If yes, how many?_____ Dates: _____

Number of days of lifetime sick leave bank usage at time of application _____ (190-day lifetime maximum)

Requested SLB Grant Dates: _____ (marked below)

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

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Note: All SLB grants become effective on the first unpaid duty day following five (5) consecutive days of absence and the exhaustion of all available leave. Please indicate if this provision is waived for Cesarean birth. ☐ Yes

FOR SICK LEAVE BANK COMMITTEE USE ONLY

Final Committee Vote: #_____ Affirmative #_____ Negative

SLB Committee Approval? ☐ Yes ☐ No ☐ Conditional

SLB Requested: # of days approved: _____ Dates Approved: _____

Comments/Notes: _____

_____

_____

_____

_____

Meeting Facilitator Signature: _____ Date: _____