

**Prince George's County Educators' Association**  
**SICK LEAVE BANK DONATION FORM**

Instructions: Sign and send completed donation form to PGCEA, 8008 Marlboro Pike, Forestville MD 20747 via the PONY or the U.S. Mail. Conditions of enrollment are available from PGCEA or your faculty representative.

*PLEASE PRINT LEGIBLY*

Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

PGCEA MEMBER? \_\_\_\_ Yes \_\_\_\_ No

-----  
 First Middle Last Date of Hire

-----  
 Street City State Zip Home Phone #

-----  
 School Name Location # School Phone #

I hereby apply for membership in the PGCEA Sick Leave Bank and I hereby 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. I understand that I may withdraw from the Sick Leave Bank at any time by submitting such a request, in writing to the Sick Leave Bank Approval Committee at PGCEA, 8008 Marlboro Pike, Forestville, MD 20747. In signing this authorization I acknowledge receipt of a copy of the PGCEA Sick Leave Bank Rules.

-----  
 Signature of Employee Date

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

<p>Approved by the PGCEA Sick Leave Bank Committee          This is not valid until approved by the          Sick Leave Bank Approval Committee</p> <p>-----          (Authorized Signature)</p> <p>Received: _____</p> <p>Transmitted to Personnel _____</p> <p>Eligible _____</p> <p>Letter Sent _____          Revised 7/2000</p>	<p>Instructional Personnel Use Only</p>
--	---