

WASHINGTON COUNTY TEACHERS ASSOCIATION, INC.
18047 OAK RIDGE DRIVE
HAGERSTOWN, MD 21740

SICK LEAVE BANK REQUEST

Instructions: Attach Physician's Statement. See WCTA Sick Leave Bank Rules and Procedures

Name: (Check One) Mr. ☐ Mrs. ☐ Ms. ☐ Dr. ☐

First Middle Last

Home Phone: _____ Employee ID #: _____

Address: _____
No. Street City State Zip

School: _____

Position: _____

Signature of Unit Member: _____ Date: _____

Comments: _____

DO NOT WRITE BELOW THIS LINE

WCTA SICK LEAVE BANK COMMITTEE

SLB Administrator Approval: ☐ Yes ☐ No _____
Chairman Date

Date Accumulated Leave Expires: _____

Number of Days Approved: _____ Effective Dates: From: _____ Through: _____

Return to Work Date: _____

Comments: _____

WCPS HUMAN RESOURCE OFFICE

Authorized by: _____
Authorized Signature Date

Sick Leave Bank Request Form Reviewed and Posted By: _____

Date: _____