



## **WCTA SICK LEAVE BANK MEMBERSHIP & INITIAL CONTRIBUTION FORM**

The Sick Leave Bank for Unit I Personnel is administered by the Washington County Teachers Association, in accordance with the Negotiated Agreement between the Washington County Teachers Association and the Washington County Board of Education. Its purpose is to provide sick leave to contributors to the bank after their accumulated sick and personal leave has been exhausted.

**New staff may join the bank within thirty (30) days of employment by completing this form and donating to days of personal sick leave to the bank.**

Requirements for using the bank are:

1. The illness must be prolonged and incapacitating.
2. Only illnesses of the Unit 1 employee are covered by the Sick Leave Bank.
3. The Sick Leave Bank Request Form and the Physician's Statement must be completed by the employee/patient and attending physician and submitted to the Washington County Teachers Association.

A complete set of WCTA Sick Leave Bank Rules and Procedures is available from the Washington County Teachers Association and at the WCTA website, [www.mywcta.org](http://www.mywcta.org).

### **INSTRUCTIONS**

Complete and return all copies to Washington County Teachers Association, Inc., 18047 Oak Ridge Drive, Hagerstown, Maryland 21740. All applications must be submitted before October 1 or within thirty days of employment.

Print

Name \_\_\_\_\_

Today's Date \_\_\_\_\_

LAST,

FIRST

MIDDLE

Address \_\_\_\_\_

Number

Street

City

State

Zip

School \_\_\_\_\_

Position \_\_\_\_\_

Employee ID Number \_\_\_\_\_

#### *Employment Status (Check One)*

New Employee      Date of Employment \_\_\_\_\_  
 Return from leave      Type of Leave \_\_\_\_\_

### **CONTRIBUTION:**

As a Unit I member, I contribute two days to the Sick Leave Bank for the current year. I further authorize the Board of Education to make such future contributions to the Bank as the Bank deems necessary and appropriate, subject to my right to cancel such donations and thereby withdraw from the Bank, by written notice to the Bank within ten (10) days of my receipt of notification from the Bank of its intention to require additional contributions.

I am not a member of WCTA and agree to pay the annual SLB fee & contribute the days required for initial membership. \_\_\_\_\_

I am a new or current member of WCTA & agree to contribute days required for initial membership. \_\_\_\_\_

### **DO NOT COMPLETE - SICK LEAVE BANK USE ONLY**

Received & Processed \_\_\_\_\_

Date \_\_\_\_\_

WCTA Sick Leave Bank Chairperson