



WCPS - WCTA FAMILY CRISIS LEAVE EXCHANGE

18047 Oak Ridge Drive
Hagerstown, Maryland 21740
301-797-7682 FAX 301-714-0450

CONTRIBUTION FORM: Please return this form to the WCTA Office Manager.

The Family Crisis Leave Exchange (FCLE) is to provide sick leave to licensed employees who have exhausted ALL available forms of leave.

- The FCLE is solely for situations involving catastrophic and life threatening illness or injury to members of the immediate family (parent, spouse, child, or partner living in the home).
- This leave is NOT available for the employees' illness or injury.

Name: _____

Employee ID No.: _____

Address: _____

Phone: _____

School/Dept.: _____

School Phone: _____

CONTRIBUTION

I am hereby authorizing WCPS-WCTA Family Crisis Leave Exchange to deduct:

- one (1) day
- or-
- one half (1/2) day

of my earned sick leave to be contributed to: Recipient's Name _____

at _____

Recipient's School/Location

I understand that this day, once donated, is NOT available for me to use for any future purpose or benefit such as terminal Pay or retirement credit.

Signature of Contributor: _____

Date: _____

DO NOT WRITE BELOW THIS LINE

DATE RECEIVED: _____

WCTA COMMITTEE

Verified _____ By _____
Date Name

Committee Representative

WCPS DEPARTMENT OF HUMAN RESOURCES

Approved: Yes _____ No _____

Authorized Signature/ Date

PAYROLL DEPARTMENT

Date Processed: _____

Signature: _____
Authorized Payroll Representative

Date Reviewed and Posted: _____