



**WCPS-WCTA Family Crisis Leave Exchange**

18047 Oak Ridge Drive  
Hagerstown, MD 21740  
301-797-7682 (Phone) / 301-714-0450 (FAX)

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

Name: \_\_\_\_\_

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

Address: \_\_\_\_\_

Personal Phone Number: \_\_\_\_\_

School/Work Phone Number: \_\_\_\_\_

School/Dept./Location: \_\_\_\_\_

**Which family member is injured or ill?**

\_\_\_\_ PARENT      \_\_\_\_ SPOUSE      \_\_\_\_ CHILD      \_\_\_\_ PARTNER (living in the home)

I am hereby requesting that the WCPS-WCTA Family Crisis Leave Exchange (FCLE) sponsor the donation of sick leave on my behalf in relationship to the current catastrophic and/or life threatening injury to a member of my immediate family.

I/We further understand and authorize the FCLE Committee, as part of its efforts to solicit donations, to release information concerning this request to others. I/We waive any claim that I/we might have now or in the future, against the Washington County Teachers Association or the Washington County Public Schools, their employees, agents, servants, assigns, etc., regarding the distribution of information (personal, medical, or otherwise) pertaining to my request.

\_\_\_\_ Employee's Signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_ Spouse's Signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_ Partner's Signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_ In Case of a Child: \_\_\_\_\_ Date \_\_\_\_\_  
Both Parents' Signatures

\_\_\_\_ Date \_\_\_\_\_

**PLEASE ATTACH THE REQUIRED PHYSICIAN STATEMENT OF ILLNESS OR INJURY, INCLUDING TREATMENT PLAN, AND LIKELY DURATION OF REQUIRED ABSENCE.**  
(See Procedure #3 in Article 21 - Family Crisis Leave Exchange.)

**-Do Not Write Below This Line -**

**FCLE COMMITTEE**

Approved: \_\_\_\_\_

Denied: \_\_\_\_\_

Chairperson Signature: \_\_\_\_\_

**WCPS HUMAN RESOURCES DEPT.**

Approved: \_\_\_\_\_

Denied: \_\_\_\_\_

Date: \_\_\_\_\_

**PAYROLL DEPARTMENT**

Date Processed: \_\_\_\_\_ Date Reviewed and Posted \_\_\_\_\_

Signature of Payroll Department Representative \_\_\_\_\_