



**ASSOCIATION OF CLASSIFIED EMPLOYEES
AMERICAN FEDERATION OF STATE, COUNTY AND MUNICIPAL EMPLOYEES
LOCAL 2250 AFL-CIO**

14440 OLD MILL ROAD, UPPER MARLBORO, MARYLAND 20772 TELEPHONE: 301-809-0472 FAX: 301-809-5821
www.ace-afscme.org



MEMO TO: All Employees Represented by ACE-AFSCME Local 2250
FROM: Sick Leave Bank Committee
SUBJECT: Open Enrollment for ACE-AFSCME Sick Leave Bank

SHOULD YOU JOIN THE SICK LEAVE BANK?????????

"If you like the answers to the following questions, your answer should be YES!"

1. Will I receive full pay while on the Sick Leave Bank? YES
2. Will I continue to receive my fringe benefits? YES
3. Will I maintain my present anniversary date? YES
4. Is the Sick Leave Bank similar to income protection insurance? YES
5. Is there a waiting period before I can receive benefits? YES
(All users of the sick leave bank have a thirty (30) calendar day wait before receiving benefits.)
6. Can I receive any pay during the waiting period? YES
(You must use sick, annual, personal, disability leave or Select Benefits Disability.) All leave must be depleted before you can draw leave from the Sick Leave Bank.)
7. Can I join the Sick Leave Bank at any time? NO
(New employees or those returning from a leave of absence, have thirty (30) days in which to join the Sick Leave Bank. All others may join during The open enrollment period between July 1 and September 30 of each year.)
8. Will I be allowed to receive approximately one (1) year of benefits from the Bank regardless of when I joined? YES
9. The annual rate of contribution is two (2) days of sick leave (days may be increased if needed).

Membership in the bank is voluntary. If you are not presently a member of the Sick Leave Bank—**JOIN TODAY!!!** It is one of the most important benefits ever negotiated by the Union.

**ACE-AFSCME Local 2250
SICK LEAVE BANK DONATION AND WITHDRAWAL FORM**

Instructions: Return Donation Form to ACE-AFSCME Local 2250, 14440 Old Mill Road, Upper Marlboro, MD 20772 via the PONY or the U.S. Mail. Conditions of enrollment are available from AFSCME or your faculty representative. For more information call 301-809-0472.

PLEASE PRINT LEGIBLY

EIN Number: _____

ACE-AFSCME MEMBER? ____ Yes ____ NO

First Middle Last Name Date of Hire

Street City State Zip Home Phone #

Work Location Job Title Work Location Phone #

Please check the appropriate box.

I hereby APPLY for membership in the ACE-AFSCME Sick Leave Bank and 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. In signing this authorization, I acknowledge availability of the ACE-AFSCME Sick Leave Bank Rules on the website.

Have you consulted a doctor or been under treatment in the past 5 years for a serious illness, including Workmen's Compensation? ____ yes ____ no

If yes, give year and illness _____

I understand that my sick leave bank membership will automatically be transferred to another bargaining unit's sick leave bank within the PGCPs on my day of transfer. I also understand that I will be subject to all rules, terms, and conditions of the new sick leave bank. When returning from a Leave of Absence you must rejoin the sick leave bank by resubmitting this form.

I understand that I may withdraw from the Sick Leave Bank, at any time, by checking the box below. If my request for withdrawal is submitted between July 1 and September 30 my donated days will be reinstated to my sick leave balance and will not remain part of the Bank.

I wish to WITHDRAW my membership in Local 2250's Sick Leave Bank:
Immediately: _____ Between July 1st and September 30th: _____

Signature of Employee

Date

Official Use Only – Do not write below this line

Approved by ACE-AFSCME Sick Leave Bank Committee
This is not valid until approved by the Sick Leave Bank Committee

PGCPs Human Resources Department Use Only

(Authorized Signature)

Date of Hire: _____

Received: _____

PRC Code: _____

Transmitted to Personnel: _____

Sick Leave Balance: _____

Letter Sent: _____

Sick Leave Code: _____