

SICK LEAVE BANK

Our Mission

The Sick Leave Bank provides a resource of paid medical leave when your sick leave has expired due to a catastrophic personal illness or injury, or quarantine, that is prolonged & incapacitating to the extent that you are prevented from temporarily performing your professional duties. The committee objectively reviews each request in an effort to assist you, while safeguarding the assets of the group at large.

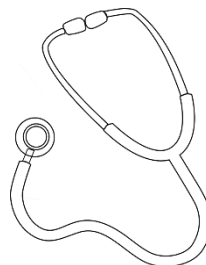
How It Works For You

- ✓ Members may be asked to contribute no more than one sick leave day per year.
- ✓ The Sick Leave Bank is totally operated by the Wicomico County Education Association.
- ✓ The Sick Leave Bank Committee will always maintain the highest degree of confidentiality.
- ✓ Members may petition for extensions on an already approved grant.
- ✓ This could be your family's safety net when the unthinkable is suddenly your reality.

Deadline

Please complete the Sick Leave Bank Membership Authorization Form on the reverse and return to WCEA by **September 30th** to ensure your membership for the upcoming school year.

Sick Leave Bank Guidelines can be found on the WCEA website: www.wceamsea.org



SICK LEAVE BANK MEMBERSHIP

You may authorize a contribution of earned, unused sick leave at the rate specified by the Sick Leave Bank Committee per school year to the Wicomico County Sick Leave Bank. Your authorization continues from year to year unless canceled with a written request for such bearing the member’s signature.

Continuous authorization means that you will contribute the appropriate allocation of earned, unused sick leave each school year.

The earned, unused sick leave which you contribute will be deducted from your total number of accumulated sick leave days as of September 30th each year and will not be available for your use or returned to your credit for any other purpose.

It is the member’s responsibility to be familiar with the approved WCEA Sick Leave Bank Guidelines prior to requesting a grant.

CONTINUOUS AUTHORIZATION

I authorize a contribution of my unused, earned sick leave at the rate specified as of September 30th of each year to the Wicomico County Education Association Sick Leave Bank until I cancel this authorization in written form, bearing my signature, with the Wicomico County Education Association. I understand that the allocation of sick leave which I contribute each year and the total number of sick leave days which I will contribute over a period of years will not be available or returned to me for any other purpose.

Employee’s Name (print)	Unit 1 or 3/4	Date
Employee’s Signature	School/Work Location	Employee #

Before requesting a grant from the Sick Leave Bank, it is the member’s responsibility to complete any documents required by the Wicomico County Board of Education (contact HR) regarding sick leave in addition to the forms requested by the Sick Leave Bank Committee.

***Please return this form to your Building Rep or pony to the WCEA office
by September 30th***

Empowering Educators to Make a Difference

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