

Frederick County Teachers Association
1 Worman's Mill Court, Suite 16
Frederick, Maryland 21701
301-662-9077

FCTA
2024-2025 SICK LEAVE BANK
MEMBERSHIP FORM

The Sick Leave Bank for professional staff is sponsored by the Frederick County Teachers Association and administered by Frederick County Public Schools. Its purpose is to provide sick leave to contributors to the bank after their accumulated sick leave has been exhausted.

New staff may join the bank within thirty (30) days of employment by completing this form and donating one day of personal sick leave to the bank. **Non-FCTA members shall be charged an administrative fee of \$200 for each sick leave bank request processed.**

Briefly, some of the requirements for using the sick leave bank are:

1. The staff member's accumulated sick leave must be exhausted.
2. The illness/injury must be prolonged, catastrophic, incapacitating and personal.
3. The Sick Leave Bank Request Form must be completed by the patient and physician and submitted to FCTA.
4. The maximum days that may be granted in connection with any single occurrence of an illness or complication arising from such an occurrence shall not exceed the equivalent of your work year.

A complete set of rules and procedures is available from the Frederick County Teachers Association.

INSTRUCTIONS:

Complete and return to Frederick County Teachers Association, 1 Worman's Mill Court, Suite 16, Frederick, MD. **All applications must be submitted before October 1 or within thirty (30) days of employment.**

PRINT OR TYPE

Last Name:		First Name:		Middle Name:		Today's Date:	
Address:							
School/Department:				School Phone Number:			
Employee ID Number:				Home Phone Number:			
Position (Check One)							
<input type="checkbox"/>	10-month employee	<input type="checkbox"/>	11-month employee	<input type="checkbox"/>	12-month employee		
Employment Status (Check One)							
<input type="checkbox"/>	New Employee:	Date Employed:					
<input type="checkbox"/>	Return from leave:	Type of Leave:		From:		To:	
<input type="checkbox"/>	Other:	Date Employed:					

DONATION:

As a Unit Member, I donate the required contribution to the Sick Leave Bank.

 Signature

DO NOT COMPLETE – PAYROLL USE ONLY

Donation Accepted: Yes No

If no, reason:

By: _____ FCTA Sick Leave Bank Chair

_____ Date: