Frederick County Teachers Association
57 Thomas Johnson Drive, Suite 200
Frederick, Maryland 21701
301-662-9077

FCTA
2026-2027 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, 57 Thomas Johnson Drive, Suite 200, Frederick, MD. **All applications must be submitted before September 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)							
☐	10-month employee	☐	11-month employee	☐	12-month employee		
Employment Status (Check One)							
☐	New Employee:	Date Employed:					
☐	Return from leave:	Type of Leave:		From:		To:	
☐	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: