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## **SICK LEAVE BANK DONATION FORM**

**INSTRUCTIONS:** Sign and send to the ASASP office  
 at the address indicated above

**(OFFICE USE ONLY)**

Sick Leave Bank No. \_\_\_\_\_  
 School Location No. \_\_\_\_\_

TITLE \_\_\_\_\_ NAME \_\_\_\_\_  
 (Mr., Mrs., Ms., Miss, Dr.) (Last) (First) (Middle)

HOME ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOME TELEPHONE (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

WORK PHONE (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

POSITION \_\_\_\_\_ BLDG. ASSIGNMENT \_\_\_\_\_

**DID YOU TRANSFER FROM OTHER COUNTY UNION:** PGCEA LOCAL 2250 SEIU400  
 (IF YES, PLEASE CIRCLE WHICH UNION YOU HAVE TRANSFERRED FROM)

**HAVE YOU ALREADY DONATED TO A SICK LEAVE BANK FOR THE CURRENT SCHOOL YEAR: YES NO**

*Please complete and sign the Sick Leave Bank Donation Authorization below.*

**SICK LEAVE BANK DONATION AUTHORIZATION**

I hereby apply for membership in the ASASP Sick Leave Bank and I hereby donate for the current school year 3 days of my earned sick leave to the Bank to provide for such membership. In addition, I furthermore authorize such deductions from my earned sick leave in future school years as may be established by the Sick Leave Bank Committee to provide for the continued operation of the Sick Leave Bank. I understand that I may withdraw from the Bank during the open enrollment period between July 1 and October 1 by submitting such a request, in writing, to the Sick Leave Bank Committee.

EIN \_\_\_\_\_

DATE \_\_\_\_\_ SIGNED \_\_\_\_\_

**THIS FORM IS NOT VALID UNTIL APPROVED BY THE ASASP SICK LEAVE BANK COMMITTEE**

DATE \_\_\_\_\_ SIGNED \_\_\_\_\_  
(Authorized Signature)

**DO NOT COMPLETE – PAYROLL OFFICE USE ONLY**

Payroll Code \_\_\_\_\_ Date of Hire \_\_\_\_\_ Balance \_\_\_\_\_ Code \_\_\_\_\_