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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** _____

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** _____