



**EDUCATION SUPPORT PROFESSIONAL  
SICK LEAVE BANK ENROLLMENT or  
SLB CANCELLATION FORM**

SAAAAC's Sick Leave Bank is for Education Support Professionals (ESPs) which aids employees covered by the bargaining unit in case of extended illness or injury. Conditions of enrollment and detailed guidelines for the bank are available from SAAAAC's website. Sick Leave Bank membership is continuous unless revoked in writing prior to the end of the enrollment period of each new school year.

**All request to draw from the bank must be made on the approved form and submitted to the SLBC NO later than 30(thirty) days prior to the first date bank usage is requested.**

**Enrollment Period: July 1 to September 30 (Must be postmarked by September 30, no exception)**

**Instructions: Sign and send the original to: SAAAAC Sick Leave Bank  
c/o TAAAC  
2521 Riva Rd Ste L-7  
Annapolis, MD 21401**

**PLEASE PRINT**

Employee ID Number: \_\_\_\_\_

Check One:

MEMBERSHIP IN BANK

CANCELLATION OF SLB MEMBERSHIP

DATE OF APPLICATION: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

\_\_\_\_\_ FULL NAME – LAST FIRST MIDDLE NAME

ADDRESS: \_\_\_\_\_  
(Number and Street)

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

HOME/CELL PHONE NUMBER \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ WORK PHONE NUMBER \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

POSITION: \_\_\_\_\_

EMPLOYMENT STATUS

SCHOOL NAME: \_\_\_\_\_

NEW EMPLOYEE

RETURN FROM LEAVE

**DONATION and SIGNATURE**

As an employee covered by the SAAAAC bargaining unit, I donate the current assessment of one (1) day to the appropriate Sick Leave Bank.

SIGNATURE OF MEMBER: \_\_\_\_\_  
DATE: \_\_\_\_\_

**CENTRAL OFFICE USE ONLY**

PREPARERS INITIALS: \_\_\_\_\_

DATE STAMP: \_\_\_\_\_