



# MCPS/SEIU LOCAL 500 SICK LEAVE BANK CANCELLATION FORM

Date: \_\_\_\_\_ Employee Id #: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Work Location: \_\_\_\_\_

I hereby cancel any further donations to the MCPS/SEIU Local 500 Sick Leave Bank effective June 30 next, and authorize the Montgomery County Board of Education to halt the contribution of any sick leave to aforesaid bank effective on that date. I recognize that such action will prevent me from receiving benefits from the sick leave bank so long as I fail to donate sick leave days to the bank and I also understand that the days that I have contributed thus far will not be returned to me.

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Union Representative

\_\_\_\_\_  
Date

## Mail completed form to :

**SEIU Local 500**  
901 Russell Avenue, Suite 300  
Gaithersburg, MD 20879  
Phone: 301-740-7100

Office Use Only:

Sent to ERSC: \_\_\_\_\_

Initials: \_\_\_\_\_

Processed by

ERSC: \_\_\_\_\_