



SEIU Local 500 Sick Leave Bank Opt Out

Employee and Retiree Service Center (ERSC)
MONTGOMERY COUNTY PUBLIC SCHOOLS



Employee Name _____ Hire Date ____/____/____

Employee Identification Number _____

Work Location _____ Work Phone Number _____-_____-_____

I decline membership in the SEIU sick leave bank. I understand that I have 30 days from the date of hire to opt out of the sick leave bank. I understand that if I opt out within the above specified number of days, my sick leave bank donation will be reinstated into my earned and available sick leave balances.

I understand that if I miss the 30-day period to opt out of the sick leave bank, I can elect to end my membership at any time, but my donation of sick leave **will not** be returned to my sick leave balances.

I understand that I can join the sick leave bank at any time. My donation will be governed by the rules and regulations in place at the time I join.

_____/_____/_____
Employee Signature _____ *Date*