STRONGER FCEA TOGETHER

Frederick County Education Association

Justin Heid *President*
Dawn Lynch *Vice President*
Karl Kidd *Secretary*
Angie Beans *Treasurer*
UniServ Directors
Joia Clevinger
Andrew Macluskie

FAMILY CRISIS LEAVE EXCHANGE
57 THOMAS JOHNSON DRIVE, SUITE 200
FREDERICK, MARYLAND 21702

CONTRIBUTION FORM

The Family Crisis Leave Exchange (FCLE) is to provide sick leave to employees who have exhausted ALL available forms of leave. The FCLE is solely for situations for catastrophic and life-threatening illness or injury to members of the immediate family (parent, spouse, or child). This leave is NOT available for the employee's illness or injury.

NAME: _____ **ID#**_____

ADDRESS: _____ **PHONE**_____

_____

WORK SITE _____

SUPPORT _____ **TEACHER** _____ **ADMINISTRATOR** _____

CONTRIBUTION

I am hereby authorizing Family Crisis Leave Exchange to deduct one (1) __ or two (2) __ day(s) of my earned sick leave to be contributed to_____ **at** _____

I understand the day(s), once donated, is NOT available for me for use for any future purpose, or benefit, such as terminal pay or retirement credit.

Signature _____ **Date**_____

APPROVED: FCTA/FASSE FCLE COMMITTEE

_____
DATE

APPROVED: HUMAN RESOURCES

_____
DATE

PAYROLL DEPARTMENT

DATE PROCESSED_____