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
FCLE REQUEST FORM

NAME _____ ID #_____

ADDRESS _____ PHONE_____
_____

WORK SITE_____ PHONE_____

WHICH FAMILY MEMBER IS ILL?

PARENT___ SPOUSE_____ CHILD_____ SIBLING_____ OTHER_____

I am hereby requesting that the FCPS-FASSE-FCEA Family Crisis Leave Exchange sponsor the donation of sick leave days on my behalf in relationship to current catastrophic and life-threatening illness or injury to a member of my immediate family.

I further understand and authorize the FCLE, as part of its efforts to solicit donations, to release information concerning this request to others. I waive any claim that I might have now or in the future, against the Frederick County Education Association, Frederick Association of School Support Employees or the Board of Education of Frederick County, their employees, agents, servants, assigns, etc. regarding the distribution of information (personal, medical or otherwise) pertaining to my request.

Employee Signature & Date_____

In Case of Child, Parent Signature & Date_____

PLEASE ATTACH THE REQUIRED PHYSICIAN STATEMENT OF ILLNESS OR INJURY, INCLUDING TREATMENT PLAN AND LIKELY DURATION OF REQUIRED ABSENCE.

APPROVED: FCEA/FASSE FCLE COMMITTEE **APPROVED: HUMAN RESOURCES**

_____ _____

DATE **DATE**

FCPS PAYROLL DEPARTMENT

DATE PROCESSED: _____