

**BALTIMORE COUNTY PUBLIC SCHOOLS**  
**Office of Payroll**  
**Greenwood Building E**  
**Towson, MD 21204**

**EMPLOYEE OPT-OUT FROM UNIFIED SICK LEAVE BANK FORM**

*Please submit completed form to the Office of Payroll fax line 410-887-7610 or via interoffice mail to Office of Payroll, Greenwood, Building E. The form is to be completed by the employee choosing to opt-out of sick bank. **This opt-out form does not apply if an employee has utilized any allotment of sick bank days.***

Name \_\_\_\_\_ Employee ID # \_\_\_\_\_

If Employee ID # unknown, SSN (last 4 digits) \_\_\_\_\_

Home Address \_\_\_\_\_

Primary Phone \_\_\_\_\_ Email \_\_\_\_\_

Job Title \_\_\_\_\_ Work Location \_\_\_\_\_

Please select your appropriate Bargaining Unit

AFSCME          CASE          ESPBC          OPE

By signing below, I give consent for the Office of Payroll to process my request to opt-out of the sick bank. I understand that my membership in the sick bank will be canceled immediately. I further understand that if I cancel my membership in the fiscal year in which the initial assessment is made, I will have my sick leave assessment returned to me. I also understand that, with the exception of the initial year, my contributions to the USLB will remain in force and will not be returned to me even if I cancel my membership.

Information on re-enrollment requirements can be found on BCPS' Office of Risk Management's intranet web page. I understand that I can request re-enrollment at a future date as long as I meet the eligibility requirements and submit a written request to re-enroll in the sick bank to the Office of Payroll. The Office of Risk Management will provide my collective bargaining unit with a copy of my request.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Internal Use Only – Office of Payroll

Date Processed \_\_\_\_\_ Initials \_\_\_\_\_