



Frederick Association of School Support Employees

1 Worman's Mill Court; Suite 15 | Frederick, MD 21701 | Telephone (301) 622-9077 | Fax (301) 662-9205 | www.myfasse.org

FASSE Sick Leave Bank Opt Out Form

Please return form to the FASSE office via Fax or Interoffice Courier

Employee Name _____

Hire Date _____

Employee ID _____

Work Location _____

I decline membership in the FASSE (Frederick Association of School Support Employees) Sick Leave Bank. I understand that I have thirty (30) calendar 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, and the effective date of cancellation will be July 1st of the following fiscal year.

I understand that I can join the Sick Leave Bank between July 1st and October 1st. My donation will be governed by the rules and regulations in place at the time I join.

Employee Signature

Date

