AEL/AACPS: SICK LEAVE BANK APPLICATION (Rev. 7/31/24)

Return to: AEL c/o Tracey Ahern, 400 A Street, Glen Burnie, Maryland 21601

_____/ _____/ _____

Mo. Day Year

Application For: (Circle One) 1. Membership in Bank _____ OR 2. Cancellation of Membership _____

Last Name (Use Shaded Area) First Name I.

_____ _____ _____ _____

Home Address Number and Street City/Town State Zip

_____ _____ _____

Current Position School/Location 4-Digit Location #

_____ - _____ - _____ _____ - _____ - _____ _____

Home Phone Number Work Phone Number Employee ID

AEL Officer Approval_____ Date_____

FOR BOE HR/Benefits Office Use Only

Date Application Received: ___ ___/ ___ ___/ ___ ___ Date Membership Begins: ___ ___/ ___ ___/ ___ ___