MONTGOMERY COUNTY GOVERNMENT
and UFCW LOCAL 1994 MCGEO

SICK LEAVE BANK (SLB) APPEAL PROCEDURES

The Sick Leave Bank (SLB) Procedures provides that the joint MCG/MCGEO SLB Committee (Committee) reserves the right to review and act upon all requests pertaining to the SLB. Denials of request for SLB leave may be appealed by the member to the SLB Committee.

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1. Member must file a Sick Leave Bank Appeal form (form) with the Committee within fourteen (14) calendar days of receiving a SLB leave denial notice from the SLB Administrator.

2. The form can be found on the OHR Occupational Medical Services (OMS) website: http://www.montgomerycountymd.gov/ohr/oms/oms.html.

3. Print the form and complete it in its entirety. The form requires the member to write a brief statement explaining the reasons why this appeal should be approved.

4. An incomplete form will be returned to the member and will cause a delay in processing the appeal. The SLB Committee may request additional clarifying information from either the member or OMS. The SLB Committee may extend the time for the member to resubmit a completed form up to seven (7) additional calendar days from the date received.

5. The member should include supporting documentation with the appeal form.

6. The appeal form and any supporting documentation must be sent to:

   SLB Committee
   Montgomery County Government
   OHR OMS
   27 Courthouse Square, Suite 184
   Rockville, Maryland 20850
   Or fax to 240-777-5186
   Or email scan to mcgeoslb@montgomerycountymd.gov

7. SLB committee decisions shall be by consensus. The Committee will notify the member, in writing, of its decision (approved or denied) within seven (7) calendar days of the date the Committee received the completed form and documentation.

8. If the Committee approves the appeal, leave will be retroactively applied to the date the SLB member has reached a leave without pay status.

9. The Committee's decision is binding and is not subject to any grievance procedure.

10. Questions and inquiries regarding the SLB can be sent to: mcgeoslb@montgomerycountymd.gov or you can call the SLB at 240-777-5137.

Turn Page for Appeal Form

MONTGOMERY COUNTY GOVERNMENT
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SICK LEAVE BANK (SLB) APPEAL FORM

Use this form for: (Check One)

Denial of Initial SLB Hours ☐
Denial of Extension of SLB Hours ☐
Request for Additional SLB Hours Beyond Maximum ☐

To be completed by employee or someone acting on employee's behalf.

Today's Date: _____

Please Print

Employee's Name: _____ Employee ID: _____
First MI Last (On Pay Slip)

Primary Phone Number: _____ Primary Email: _____

Your Department/Division: _____ Your Job Title: _____

Your Supervisor: _____ Regular Work Hours/Schedule: _____

Your Essential Job Functions (you may attach a job description)

_____

_____

Amount of SLB leave requested: _____ Hours

Write a brief statement explaining the reasons why this appeal should be approved.

_____

_____

_____

_____

Submit Form to:
SLB Committee
Montgomery County Government
OHR OMS
27 Courthouse Square, Suite 184
Rockville, Maryland 20850
Or email scan to: mcgeoslb@montgomerycountymd.gov
Or fax to: 240/777-5186

You should attach additional supporting documentation.

*This form and all documentation must be submitted within fourteen (14) calendar days from the date of the denial.

Updated 11/14/14

READ APPEAL PROCEDURES BEFORECOMPLETING