

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

Return to: AEL, 2521 Riva Road, Suite L-2, Annapolis, Maryland 21401

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		Mo.	Day	Year
Application For: (Circle One) 1. Membership in Bank	OR 2. Ca	ancellatio	on of Me	embership
Last Name (Use Shaded Area)	First Name			I.
Home Address Number and Street	City/To	wn		State Zip
Current Position	School/Loc	ation		4-Digit Location #
Home Phone Number Work Phone N	e Number Employee ID			ployee ID
AEL Officer Approval	_	Da	te	
	o Office Use O	nlv		