



Extended Illness Leave Bank (EILB) Annual Membership Application

Effective Membership Date: January 1, 2026

Agencies Supported by the MassHR Employee Service Center

If your agency participates in MassHR Employee Service Center (ESC) services

Preferred Option:

Employees should complete the online membership application which can be accessed on the [Employee Self-Service e-Form website](#). No paper, emailed, or faxed applications will be accepted.

Alternative Option:

Call the ESC and complete an application when speaking to a customer service specialist. Have your Employee ID number available. Main number: 617-979-8500

Agencies Not Supported by MassHR Employee Service Center

If your agency does NOT participate in MassHR Employee Service Center (ESC) services

Preferred Option:

Select "save as" on this document. Fill out the required information. Once completed, submit the paper application to your supervisor for review.

Alternative Option:

Print a hard copy of this application and enter the information using a pen. Once completed, submit the paper application to your supervisor for review.

This section must be completed by all applicants by January 2, 2026.

Use the appropriate checkboxes to complete the employee section and provide this form to your supervisor. Applicant must donate at least one sick, vacation, or personal day.

New membership ☐ Renewal ☐ Donation upon retirement ☐ Donation upon leaving state service ☐

I am a full-time employee ☐ I am a part time employee ☐ Number of hours I'm scheduled to work each week: _____

Employee Full Name: _____ Employee ID: _____

Work Address: _____ Hire Date: _____

Agency: _____ Supervisor's name: _____

Email address: _____

Best phone number to reach you if there is a question about your form: _____

Vacation Leave Balance: _____ Hours available as of: _____ Number of hours I wish to donate: _____ Hours

Sick Leave Balance: _____ Hours available as of: _____ Number of hours I wish to donate: _____ Hours

Personal Leave Balance: _____ Hours available as of: _____ Number of hours I wish to donate: _____ Hours

Total Leave Balance: _____ **Hours available as of:** _____ **Total number of hours I wish to donate:** _____ Hours

Short-term and long-term disability plans, and other sources of compensation will affect a member's eligibility to withdraw time from the EILB. (Please see your EILB Coordinator if you have any questions concerning how such benefit programs interact with EILB).

Employee Signature: _____ Date: _____

This section must be completed by the employee's supervisor no later than January 9, 2026. Select each checkbox that applies:

- ☐ Employees have been employed by the Commonwealth for at least one year as of **December 31, 2025**
- ☐ Employee has an acceptable attendance record
- ☐ I recommend the above employee for EILB membership
- ☐ I do not recommend the above employee for EILB membership (Attach a sheet explaining reasons for denial)

Supervisor Signature: _____ Date: _____

This section must be completed by the agency head or designee

I hereby approve this employee for membership in the EILB

Agency Head Signature: _____ Date: _____

This section must be completed by the Agency Payroll Officer. Donations must be entered by January 16, 2026

I certify that the above leave balances are correct and that the donation was debited from the employee's available leave balance in HR/CMS

Date received by EILB Coordinator: _____

Agency HR/Payroll Officer Signature: _____ Date: _____

Questions about the EILB program should be addressed to your agency's Human Resources Office/EILB Coordinator.

Non-ESC supported agencies should retain this form at the agency human resources office.