**Extended Illness Leave Bank (EILB) Membership Mid-Year Application
Effective Membership Date: July 1, 2023**

| **Agencies *Supported* by the MassHR Employee Service Center**  | **Agencies *Not Supported* by MassHR Employee Service Center** |
| --- | --- |
| *If your agency* ***participates in*** *MassHR Employee Service Center (ESC) services*  | *If your agency* ***does NOT participate 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](https://www.mass.gov/service-details/employee-self-service-e-forms)**.**No paper, emailed, or faxed applications will be accepted   | 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:Call the ESC and complete application when speaking to a customer service specialist. Have your Employee ID number available. Main number: 617-979-8500     Toll-free number: 1-855-447-7778 TTY number: 617-248-0546   | 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 June 30, 2023**

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 July 7, 2023.** Select each checkbox that applies:

|  |  |
| --- | --- |
| [ ]  | Employee has been employed by the Commonwealth for at least one year as of **June 29, 2023** |
| [ ]  | 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 July 14, 2023.**

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 on 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.**