**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.**