



Extended Illness Leave Bank (EILB) Membership Mid-Year Application

Effective Membership Date: July 2025

Agencies Supported by the MassHR Employee Service Center	Agencies Not Supported by MassHR Employee Service Center
<i>If your agency participates in MassHR Employee Service Center (ESC) services</i>	<i>If your agency does NOT participate in MassHR Employee Service Center (ESC) services</i>
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	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 an 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 27, 2025.

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: <input type="text"/>	Employee ID: <input type="text"/>		
Work Address: <input type="text"/>	Hire date: <input type="text"/>		
Agency: <input type="text"/>	Supervisor's name: <input type="text"/>		
Email address: <input type="text"/>	Best phone number to reach you if there is a question about your form: <input type="text"/>		
Vacation Leave Balance: <input type="text"/>	Hours available as of: <input type="text"/>	Number of hours I wish to donate: <input type="text"/>	Hours
Sick Leave Balance: <input type="text"/>	Hours available as of: <input type="text"/>	Number of hours I wish to donate: <input type="text"/>	Hours
Personal Leave Balance: <input type="text"/>	Hours available as of: <input type="text"/>	Number of hours I wish to donate: <input type="text"/>	Hours
Total Leave Balance: <input type="text"/>	Hours available as of: <input type="text"/>	Total number of hours I wish to donate: <input type="text"/>	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 4, 2025. Select each checkbox that applies:

- ☐ Employees have been employed by the Commonwealth for at least one year as of **June 27, 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 July 11, 2025

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.