

Extended Illness Leave Bank (EILB) Membership Mid-Year Application Effective Membership Date: July 2025

Agencies <u>Supported</u> by the MassHR Employee Service Center

If your agency <u>participates in</u> 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 Toll-free number: 1-855-447-7778

TTY number: 617-248-0546

Agencies <u>Not Supported</u> by MassHR Employee Service Center

If your agency <u>does NOT participate in</u> 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 June 27, 2025.

Use the appropriate checkboxes t vacation, or personal day.	o complete the employee section and p	provide this form to your supervisor. Applicant must dona	te at least one sick,
New membership Ren	ewal Donation upon retireme	ent 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
This section must be completed by	by the employee's supervisor no later t	han July 4, 2025. Select each checkbox that applies:	
Employees have been employ Employee has an acceptable a I recommend the above employ	ed by the Commonwealth for at least of ttendance record byee for EILB membership		
Supervisor Signature:		Date:	
This section must be completed by I hereby approve this employee for			
Agency Head Signature:		Date:	
•	by the Agency Payroll Officer. Donation nees are correct and that the donation	ns must be entered by July 11, 2025 was debited from the employee's available leave balance	in HR/CMS
Date received by EILB Coordinato	r:		
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.