



**MONTGOMERY COUNTY GOVERNMENT  
and UFCW LOCAL 1994 MCGEO**

**SICK LEAVE BANK (SLB) APPEAL PROCEDURES**

The Sick Leave Bank (SLB) Procedures provides that the joint MCG/MCGEO SLB Committee (Committee) reserves the right to review and act upon all requests pertaining to the SLB. Denials of request for SLB leave may be appealed by the member to the SLB Committee.

1. Member must file a Sick Leave Bank Appeal form (form) with the Committee within fourteen (14) calendar days of receiving a SLB leave denial notice from the SLB Administrator.
2. The form can be found on the OHR Occupational Medical Services (OMS) website:  
<http://www.montgomerycountymd.gov/ohr/oms/oms.html>.
3. Print the form and complete it in its entirety. The form requires the member to write a brief statement explaining the reasons why this appeal should be approved.
4. An incomplete form will be returned to the member and will cause a delay in processing the appeal. The SLB Committee may request additional clarifying information from either the member or OMS. The SLB Committee may extend the time for the member to resubmit a completed form up to seven (7) additional calendar days from the date received.
5. The member should include supporting documentation with the appeal form.
6. The appeal form and any supporting documentation must be sent to:  
  
SLB Committee  
Montgomery County Government  
OHR OMS  
27 Courthouse Square, Suite 180  
Rockville, Maryland 20850  
**Or** fax to 240-777-5186  
**Or** email scan to [mcgeoslb@montgomerycountymd.gov](mailto:mcgeoslb@montgomerycountymd.gov)
7. SLB committee decisions shall be by consensus. The Committee will notify the member, in writing, of its decision (approved or denied) within seven (7) calendar days of the date the Committee received the completed form and documentation.
8. If the Committee approves the appeal, leave will be retroactively applied to the date the SLB member has reached a leave without pay status.
9. The Committee's decision is binding and is not subject to any grievance procedure.
10. Questions and inquiries regarding the SLB can be sent to: [mcgeoslb@montgomerycountymd.gov](mailto:mcgeoslb@montgomerycountymd.gov) or you can call the SLB at 240-777-5137.
11. The maximum appeal must not exceed an additional 160 hours for a members own medical condition and 80 hours for a qualifying family member.



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**SICK LEAVE BANK (SLB) APPEAL FORM**

**Use this form for: (Check One)**

**Denial of Initial SLB Hours**

**Denial of Extension of SLB Hours**

**Request for Additional SLB Hours Beyond Maximum**

To be completed by employee or someone acting on employee's behalf.

Today's Date: \_\_\_\_\_

Please Print

Employee's Name: \_\_\_\_\_ Employee ID: \_\_\_\_\_  
                            First                            MI                            Last  (On Pay Slip)

Primary Phone Number: \_\_\_\_\_ Primary Email: \_\_\_\_\_

Your Department/Division: \_\_\_\_\_ Your Job Title: \_\_\_\_\_

Your Supervisor: \_\_\_\_\_ Regular Work Hours/Schedule: \_\_\_\_\_

Your Essential Job Functions (you may attach a job description)

\_\_\_\_\_  
\_\_\_\_\_

Amount of SLB leave requested: \_\_\_\_\_ Hours

Write a brief statement explaining the reasons why this appeal should be approved.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Submit Form to:  
SLB Committee  
Montgomery County Government  
OHR OMS  
27 Courthouse Square, Suite 180  
Rockville, Maryland 20850  
Or email scan to: [mcgeoslb@montgomerycountymd.gov](mailto:mcgeoslb@montgomerycountymd.gov)  
Or fax to: 240/777-5186

You should attach additional supporting documentation.

\*This form and all documentation must be submitted within fourteen (14) calendar days from the date of the denial.

