SICK LEAVE BANK ENROLLMENT FORM

Name_____

Building Assignment_____

Date _____

I am a licensed/certified employee. I am donating one (1) sick leave day to the Sick Leave Bank for the purpose of enrolling in the Sick Leave Bank. I understand that donated sick leave days are non-returnable and that I may be asked to donate additional sick leave days to the bank should that need be determined by the Sick Leave Bank Committee.

Employee Signature _____

FOR TREASURER'S USE ONLY

I certify that the above named person has donated one (1) sick leave day to the Sick Leave Bank and is therefore entitled to participate in the Sick Leave Bank. The one (1) donated sick leave day will be subtracted from the member's current total accumulated sick leave days and will be reflected on the member's pay receipt.

As of the date of this application, the employee has_____total accumulated sick leave days.

Current Accumulated sick leave days _____

_____-1

Balance of accumulated sick leave days _____

Treasurer's Signature _____ Date_____