

Sick Leave Bank Application

(Re-enrollment or new application after initial year of employment.)

Name: _____

Employee ID No.: _____

Facility School Building: _____

This enrollment application to the Sick Leave Bank is governed by Policy 4151 for Teachers, Policy 4873 for Mental Health employees and Policy 4751 for Nurses along with Administrative Procedure 4151.2.

I hereby voluntarily enroll in the Sick Leave Bank, and grant permission for three (3) of my unused days of sick leave to be credited to the Sick Leave Bank. I also agree to further reductions of my accumulated sick leave as may be required under Administrative Procedure 4151.2.

I understand that I may drop/cancel my membership in the Sick Leave Bank at any time by so indicating in writing. I further understand that I waive any right to those days already assessed if I do drop/cancel my membership in the Sick Leave Bank by completing 4151.7, the Sick Leave Bank Drop Membership form.

Signed: _____

Date: _____

Return this form to the Office of Human Resources.

Approved by Superintendent, Richard P. Koeppel, October 13, 1986

Revised by Superintendent, Monte C. Moses, August 16, 2004