

APPENDIX D - SICK LEAVE BANK ENROLLMENT FORM

Name _____

Building Assignment _____

Date _____

I am a member of the bargaining unit. 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.

Member 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 member has _____ total accumulated sick leave days.

Current accumulated sick leave days _____

-1

Balance of accumulated sick leave days _____

Treasurer's Signature _____ Date _____

NOTE: After processing the SLB application, forward a copy to the Association President.