

**SICK LEAVE BANK
APPLICATION AND DONATION FORM**

NAME: _____ **PAYROLL ID:** _____

School/Department to which assigned: _____

I wish to become a member of the: **Certified** **Classified**

Employees Sick Leave Bank for the _____ school year by donating _____ days of my accumulated sick leave.

By signing this application, I understand and agree to abide by the following rules and guidelines of the plan:

1. A designation of up to 5 days sick leave may be donated to the bank during the month of October. Should the employee wish to make an additional contribution to the bank, they may make a voluntary contribution of up to 5 days in February (on a separate form).
2. For **Classified**, the member must make a donation of at least **one** day to the sick leave bank each October to maintain membership in the bank.
3. For **Certified**, any employee new to the District may become a participant at the time of employment by making a one-time, **two** day donation.
4. An employee may withdraw from participation in the bank at any time, but the days they have donated are not refundable to them.
5. Only members of the sick leave bank are eligible to receive sick leave bank benefits.
6. Members of the bank are eligible to draw days per year per the contract if:
 - (a) All of the individual's accumulated sick leave, vacation and unrestricted personal leave has been utilized.
 - (b) The member has been absent for a minimum of twenty (20) consecutive work days.
 - (c) Maternity Leave will be limited to 10 days from the Bank.
7. Confirmation of the sick leave request will be done by the Sick Leave Bank Committee as outlined in the Negotiated Agreement.

Signature

Date

FORM MUST BE RETURNED TO THE TREASURER'S OFFICE
For additional information, please see the applicable negotiated agreement.