



Sick Leave Bank Enrollment Form

Employee's Name _____

Number of Donated Days _____

- Members of the SLB must initially donate a minimum number of 2 SL days

Please read and initial the following four statements:

1. _____ I have read the "Letter of Understanding Re: Sick Leave Bank" on pages 76-78 of the SEA Collective Bargaining Agreement.
 2. _____ I understand and agree to the Sick Leave Bank terms and conditions set forth in the SEA Collective Bargaining Agreement.
 3. _____ I understand when I donate my personal SL days to the District's Sick Leave Bank, I am doing so voluntarily.
 4. _____ I am aware that I may be required to donate additional SL days during a school year, if the Sick Leave Bank falls below 90 days, in order to remain eligible for its benefits.
- Please submit this completed form to Mr. Jerry Binder, Director of Human Resources by September 15, 2011.