

**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.*

**APPENDIX E - SICK LEAVE BANK ALLOTMENT APPLICATION**

Applicant must be a bargaining unit member and a member of the Sick Leave Bank to request an allotment of sick leave days.

**PART A** (To be completed by the applicant)

Name \_\_\_\_\_

Building Assignment \_\_\_\_\_

Date \_\_\_\_\_

Number of sick leave days requested \_\_\_\_\_

Reason(s) for request: (Attach documentation, i.e. doctor's statement[s] or death notice.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PART B** (To be completed by the Treasurer)

I certify that the above named applicant has zero (0) accumulated or Board-advanced sick leave days as of the date of this application.

Treasurer's Signature \_\_\_\_\_ Date \_\_\_\_\_

**PART C** (To be completed by Sick Leave Bank Committee)

Allotment request \_\_\_\_\_ Approved \_\_\_\_\_ Disapproved \_\_\_\_\_

Number of sick leave days approved for the above allotment request \_\_\_\_\_

SLBC Chairperson's Signature \_\_\_\_\_ Date \_\_\_\_\_