

Regional School District No. 17

Office of the Superintendent

SUPPORT SERVICES ASSOCIATION

SICK BANK DONATION FORM INSTRUCTIONS

1. Employee completes Sick Bank Donation Request Form.
2. Send form to: Martha Vaughn, Director of Fiscal Operations

Regional School District No. 17
57 Little City Road
Higganum, CT 06441

Please Note:

If the Superintendent and the Association representative have agreed to activate the sick leave bank for a Support Services Member with a catastrophic illness, injury or combination thereof, donations will be accepted by the Board on a first come, first serve basis until the number of days donated to the eligible member totals sixty (60) days.

Support Service Members who donate paid days to the eligible member shall have the days deducted from their total accumulated sick leave.

Once donated, the days shall no longer be available to the support services member who donated them.

Donations are voluntary.

Once donated, the donated days do not revert to the donating member.

Support Service Members may not donate if such donation reduces his/her available sick days to fewer than 15 days.

Once donations have been accepted, the Superintendent and the Association representative may issue a grant of days from the Sick Leave Bank of no more than sixty (60) days to any individual member.

The aggregate number of days donated in any school year shall be a maximum of one hundred eighty (180) days.

Regional School District No. 17
Office of the Superintendent
SUPPORT SERVICES ASSOCIATION SICK BANK DONATION FORM

Name: _____

Employee ID # _____

Address:

School and Department:

Home Phone: _____

DONATION

I would like to Donate:

Number of Days _____

Donated To _____

I understand that these days I donate will be deducted from my total accumulated sick leave.

I understand that once donated, the days shall no longer be available to me, nor will they revert back to me.

I understand that donations are voluntary.

Once donated, the donated days do not revert to the donating teacher.

Members may not donate if such donation reduces his/her available sick days to fewer than 15 days.

Signature _____

Date: _____

***** (office use only)

Accumulated Sick Days _____ as of _____

Attendance Clerk, Date

Number of Days Donated: _____

Donated To: _____

___ Copy to Administrative Assistant to the Superintendent

