

Release Agreement

I acknowledge and agree that the granting of days from the sick leave bank shall be at the sole discretion of the Sick Leave Bank Oversight Committee and that all decisions of the Committee will be final, binding, and not subject to the grievance-arbitration procedure of the VBEA Master Agreement. I further agree to abide by such decision and to waive, release, indemnify and hold harmless the Vandalia-Butler City Schools District Board of Education, its Board members and employees, the Vandalia Butler Education Association, the Sick Leave Bank Oversight Committee, the Ohio Education Association, and their agents (“Releases”) for any loss that I and/or members of my immediate family may sustain as a result of any claim or legal proceeding that I and/or members of my immediate family may bring against any of the aforementioned parties with respect to a decision made by any of them concerning this application, including attorney fees incurred by Releases.

(Signature)

(Date)