



### Sick Leave Bank Participation Form

Your Name (Printed): \_\_\_\_\_

Your Building Site: \_\_\_\_\_

Number of Days you wish to donate: (minimum of 1 and a maximum of 5. Half day increments are allowable.)

CHECK BOX BELOW

<input type="checkbox"/>	1 day
<input type="checkbox"/>	1.5 days
<input type="checkbox"/>	2 days
<input type="checkbox"/>	2.5 days
<input type="checkbox"/>	3 days
<input type="checkbox"/>	3.5 days
<input type="checkbox"/>	4 days
<input type="checkbox"/>	4.5 days
<input type="checkbox"/>	5 days

By signing below, I am authorizing the district to deduct the above amount of sick leave from my sick leave balance to be placed into the Certified Sick Leave Bank. In so doing, I understand that once the leave has been deducted from my leave balance, it is not returnable to me. I also understand that this qualifies me to request leave from the Sick Leave Bank under the requirements outlined in the 2019-2022 Collective Bargaining Agreement, Article 19, Section H.

Signature:

Date:

\_\_\_\_\_

\_\_\_\_\_

**This form must be received in the WSD Business Office no later than Oct. 1.**