



# Alvarado I S D



## SICK LEAVE BANK MEMBERSHIP & DONATION FORM

Name \_\_\_\_\_

Employee I.D.# \_\_\_\_\_

Position \_\_\_\_\_

Campus \_\_\_\_\_

Joining the Alvarado ISD Sick Leave Bank is on a voluntary basis. Joining the bank requires the donation of one state sick leave day that is non-refundable if joining member decides to leave the bank at a later date. I understand and have read the by-laws governing the bank and wish to join the Alvarado ISD Sick Leave Bank.

Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Retiree donation (up to 7 days) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_