



FAIRBANKS EDUCATION ASSOCIATION

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Dear Retiring or Resigning Teacher:

You are eligible to donate to the FEA Sick Leave Bank up to six (6) accumulated sick leave days upon your retirement or resignation from the Fairbanks North Star Borough School District. We hope you will donate to help the colleagues you leave behind.

The Negotiated Agreement provides for a Sick Leave Bank administered by a committee of the Association. Requests for days from the Bank are granted when the teacher has exhausted all his/her sick leave, has been on leave without pay for at least five full days and presents a doctor's note verifying the need for leave.

The FEA Sick Leave Bank is a vital buffer against substantial loss of pay due to serious medical situations. Medical problems can strike any of us at any time without warning.

We wish you well in your next endeavor and thank you for your thoughtfulness in considering this request.

Fairbanks Education Association Sick Leave Bank Committee

FEA SICK LEAVE BANK DONATION FORM

I, _____, hereby authorize the donation of ____ days of my accumulated sick leave to the FEA Sick Leave Bank. I understand that the transfer of this day/days of sick leave is final and not recoverable for re-credit to my personal sick leave account. I work ____ hours per day.

_____ (Social Security #) _____ Signature _____ Date

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PAYROLL USE ONLY

S/L Balance: _____

S/L Bank Contribution: _____

New S/L Balance should be: _____

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Human Resources: Thank you for handling this form. When complete, please send it directly to Payroll, where it will be processed and a copy sent on to the FEA office.