

Kyrene Education Support Professional Employee Voluntary Sick Leave Bank Membership Form

NEW SICK LEAVE BANKMEMBERS

I, (print name) _____, (KSD employee ID#) _____, elect to donate 8 hours of ACA to the ESP Employee Sick Leave bank for my initial membership. I am aware that these hours will be deducted from my ACA balance on or before November 30th (for Fall enrollees) or on or before March 30th (for Spring enrollees). I understand that this donation is strictly voluntary and that I will not be able to revoke this donation at any time. I further understand that in order to join this Sick Leave Bank program, I must have a current ACA balance of at least 24 hours, and I must contribute 8 hours to the leave bank for my initial membership.

Fall Enrollment Window: 08/15 – 09/15 of each fiscal year
Spring Enrollment Window: 01/15 – 02/15 of each fiscal year

- *Please note that ESP members who leave the District due to retirement, resignation, or termination and are re-employed at any time and who wish to participate in the leave bank need to re-enroll into the sick leave bank by contributing 8 new ACA hours.*

CURRENT ESP SICK LEAVE BANK MEMBERS

Current ESP Sick Leave Bank members are NOT required to donate additional ACA hours each year; however, a current ESP Sick Leave Bank member may voluntarily donate additional hours (up to 40) during each enrollment window if they choose.

I, (print name) _____, (KSD employee ID#) _____, choose to **voluntarily** donate (indicate # of hours you wish to donate) _____ hours of ACA to the ESP Employee Sick Leave bank. These hours are above and beyond my initial membership.

CURRENT ESP SICK LEAVE BANK MEMBERS WHO ARE RETIRING FROM KYRENE

Current ESP Sick Leave Bank members who are retiring from the District and have ACA hours exceeding the maximum allowable for payout (per page 8 of M&C) may voluntarily donate up to 40 hours to ESP Sick Leave Bank upon retirement.

I, (print name) _____, (KSD employee ID#) _____, am retiring from the Kyrene District on (enter date) _____. I chose to **voluntarily** donate (indicate # of hours you wish to donate) _____ hours of ACA to the ESP Employee Sick Leave bank upon my retirement.

By signing below, I confirm my voluntary request as indicated above and set forth in the Meet and Confer Document for Education Support Professional Employees (pages 40-41) [Click Here](#) to review.

Signature

Date

Kyrene ID#