

ILSSA SICK LEAVE BANK ENROLLMENT FORM

School Year 2024-2025

Employee Name: _____

I would like to donate _____ day(s) to the ILSSA Sick Leave Bank for the 2024-2025 school year. (For the 2024-2025 year, you may contribute 1 to 3 days.)

By doing so, I agree to the terms outlined in Article 13.3.6 of the Inter-Lakes School Board and Inter-Lakes Support Staff Association 2024-2027 Master Agreement and to the criteria (ILSSA SICK LEAVE BANK INFORMATION document) established by the Sick Leave Bank Committee.

Employee Signature

Date

This form must be submitted to the Superintendent of Schools by September 15, 2024 in order to become eligible for enrollment. Employees hired after the start of school have fifteen (15) days from the first day of work to enroll in the Sick Leave Bank.

As of June 30, 2024, the Sick Bank has 107 days remaining.