WEST CHESTER AREA SCHOOL DISTRICT SICK LEAVE BANK APPLICATION

I am a member of: (circle one)

Management Team

West Chester Area Education Association

West Chester Area Educational Support Professional Association

West Chester School Service Support Personnel Association (Cust & Maint Employees)

Non-Bargaining Staff

I hereby make application for membership in the Sick Leave Bank, for which I am eligible I have read and understand the conditions under which the Bank is to be established, operated and maintained

I understand the following regarding my application:

- I will donate one (1) day upon joining the bank and two (2) days the second year of my enrollment
- I will not be eligible for benefits from the bank until one (1) year from the date I become a member of the Sick Leave Bank
- All decisions made by the Sick Bank Committee are to be considered final

Furthermore, I understand that I have the option to cancel my membership in the Bank anytime with full knowledge that days donated to the Bank are <u>NOT</u> redeemable.

Name		
Last	First	Initial
Building Location		
Date of Employment		
Signatur e	Date	
Return completed application to.	Director of Human Resources c/o Human Resources Department	

Spellman Administration Building