



**BROWNSVILLE INDEPENDENT SCHOOL DISTRICT
HUMAN RESOURCES DEPARTMENT**

1900 E. Price Road • Brownsville, Texas 78521 • (956) 548-8031
Fax (956) 504-5636 (956) 548-8142



**Sick Leave Bank
Contribution Application
Exhibit B
Open Enrollment for 2024-2025 School Year**

This Section to be completed by Employee

I understand that I may not designate the donation to any individual and I may not reclaim these days/hours for credit to my account.

Employee's Name: _____ Employee Id #: _____

Position: _____ Campus/Dept: _____

I would like to contribute one (1) day to the Sick Leave Bank from my earned local sick leave days.

I understand that the amount of sick leave contributed to the bank will be deducted from my earned local sick leave balance. I understand that if I have no days I am not eligible to participate in the sick leave bank. I further understand that membership is **automatically renewed each year**. To discontinue participation, I must submit a discontinue of contribution form.

Employee Signature: _____ Date: _____

Human Resources Department Use Only: MS MH BW

Earned Local Sick Leave Hours Available: _____ Date: _____

Eligible to be a member for 2023-2024 school year Yes No

Verified by: _____ Date: _____

Comments:

BISD does not discriminate on the basis of race, color, national origin, sex, religion, age, disability or genetic information in employment or provision of services, programs or activities.
BISD no discrimina a base de raza, color, origen nacional, sexo, religión, edad, discapacidad o información genética en el empleo o en la provisión de servicios, programas o actividades.