CLINT INDEPENDENT SCHOOL DISTRICT DEPARTMENT OF

HUMAN RESOURCES

SICK LEAVE BANK
Membership Application Form

The enrollment period for current employees hired prior to the beginning of school year shall be July 1 through September 30. For employees hired after the conclusion of the enrollment period, professional contractual employees may join as soon as they begin work but must join within 30 days of that date; a non-contractual employee shall have been employed a minimum of 90 days and be able to earn at least three days of local leave from the time of his or her employment until the completion of his or her total number of days of work at the end of the school year.

Eligible personnel are defined as full-time employees of the District who work a minimum of 30 hours per week as well as teachers and paraprofessional personnel who work at least 50 percent of the normal school day.

An eligible employee may join the sick leave bank by contributing **one day** of accrued or anticipated local leave. To join the sick leave bank, an employee must complete the membership application form.

If a member ***uses three or more days from the sick leave bank during this period, the member will be required to donate an additional three days the following school year in order to continue membership in the sick leave bank or to re-enroll at any subsequent year.*** If a member uses fewer than three days, he or she will donate only the number of days actually used. For sick leave bank purposes, the school year shall be from September 1 to August 31.

If the number of days in the sick leave bank falls below two and one-half times the number of participating members on September 30, continuing participants shall be required to contribute one extra day.

Participation is voluntary and if you do not wish to establish membership in the sick leave bank, you do not have to complete or return the form.

Guidelines and procedures to the district's sick leave bank have been set forth under Policy DEC (Local) Compensation and Benefits Leaves and Absences.

Employee's Name: _____

Social Security Number: _____

Current Assignment: _____

Campus/Department: _____

Number of Days Donated: _____

_____ _____

Employee's Signature **Date**

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