

Classified Staff Sick Leave Bank Contribution Form

Please mark the number of days you wish to contribute to retain your membership or to become a new member of the bank.

☐ 1 day ☐ 2 days ☐ 3 days ☐ 4 days ☐ 5 days

☐ I DO NOT wish to become a member/retain my membership.

Signature

Date

Printed name