



## 2024-2025

### Sick Leave Bank Application for Custodial & Maintenance Staff ONLY

Name: \_\_\_\_\_ Employee ID# \_\_\_\_\_

Position: \_\_\_\_\_ Location: \_\_\_\_\_

#### Membership Requirements:

- Must donate two (2) compensable days
- Maximum withdrawal must not exceed sixty (60) days

I understand that joining the sick bank requires a donation of two (2) compensable days.

I wish to join the Sick Leave Bank

I wish to drop out of the Sick Leave Bank  
(Previously donated days are not returned)

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

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Employee: Please return this form to the Human Resources Department by,  
September 30, 2024. Send to [benefits@hazelwoodschoools.org](mailto:benefits@hazelwoodschoools.org)

\*\*\*\*\*Office use only\*\*\*\*\*

Membership Approved

Membership Denied due to: \_\_\_\_\_