

**HYDE PARK TEACHERS' ASSOCIATION  
SICK LEAVE BANK COMMITTEE**

**SICK BANK WAIVER FORM**

To: Personnel Administrator

I hereby authorize you, according to the Sick Bank provision contained in the contract, to deduct one day from my sick leave, to be credited in my name to the sick leave bank.

I hereby waive all right and claim to said sick leave. This waiver allows my participation in the Sick Leave Bank according to the contract between the Hyde Park Central School District and the Hyde Park Teachers' Association. Should the Sick Leave Bank be replenished, I authorize you to deduct additional days as set forth in the contract and/or Sick Leave Bank Procedures.

NAME \_\_\_\_\_ SCHOOL \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

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If and when I accumulate more than 200 days of sick leave I request that those days in excess of 200 days be credited to the Sick Leave Bank

NAME \_\_\_\_\_ SCHOOL \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

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To: Personnel Administrator

I do not wish to enroll in the Sick Leave Bank at this time.

NAME \_\_\_\_\_ SCHOOL \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**Note: do not sign here if you have completed and signed the top portion of this form.**

**Return completed form to:**  
Personnel Administrator  
Administration Office  
P.O. Box 2033  
Hyde Park, NY 12538-8033