Revised April 2025

This is due TUESDAY, OCT 15th, <u>whether you are contributing or not.</u>

Sick Bank Transfer Authorization

The purpose of the Sick Leave Bank shall be to extend to those employees additional paid sick leave days should a long-term or chronic illness or injury exhaust the employee's accumulated sick leave.

Employees' participation in the sick leave bank shall be voluntary.

All members will be given the opportunity to contribute one or two days each year by completing this *Sick Leave Bank Transfer Authorization* form. This transfer is irrevocable.

Any member requesting to withdraw days from the sick leave bank shall complete the *Sick Leave Bank – Initial Request* form. The association president will call a meeting of the committee to review the request and decide on an action.

☐ I hereby authorize _____of my sick leave days to be contributed to the PHEA Sick Bank.

☐ I DO NOT authorize any of my sick leave days to be transferred to the sick bank.

Printed name: _____

Signature: _____ Date: _____