Revised April 2025

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

Frozen Sick Leave 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 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 Sick Leave Bank Committee to review the request and decide on an action.

The Sick Leave Bank is currently FROZEN, meaning that we are holding the maximum number of hours that the Districts allows us to bank.

CURRENT SICK BANK LEAVE CONTRIBUTORS: If you contributed the last time the Sick Leave Bank was open to contributions (beginning of the contract year 2024-2025), you are a vested member and can request to access Sick Leave bank hours. When our banked hours dip below our cap, we will again invite you to contribute. In the meantime, you are a contributing member.

NEW EMPLOYEES OR RETURNING MEMBERS WISHING TO JOIN THE SICK LEAVE BANK: You are allowed to contribute ONE sick leave day to the Sick Leave Bank, thereby becoming a contributing member of the Sick Leave Bank and therefore eligible to request access to hours, should the need arise.

- ☐ I hereby authorize _____of my sick leave days to be contributed to the PHEA Sick Bank.
  - ☐ I am a NEW EMPLOYEE.
  - ☐ I am a RETURNING EMPLOYEE contributing to the Sick Leave Bank for the first time or after a hiatus.
- ☐ I contributed to the Sick Leave Bank the last time open enrollment occurred before the bank was frozen.
- ☐ I DO NOT authorize any of my sick leave days to be transferred to the sick bank. I DID NOT contribute to the Sick Leave Bank the last time open enrollment occurred before the bank was frozen.

Printed name: _____

Signature: _____ Date: _____