

CHESTER SCHOOL DISTRICT EMPLOYEE SICK LEAVE BANK ENROLLMENT FORM

Please complete this form if you are interested in becoming a member of the Employee Sick Leave Bank. The enrollment period for employees that are not members of the Employee Sick Leave Bank is during the months of July through September. The Employee Sick Leave Bank Guidelines can be found on the District website. Please be aware that once days are donated they are non-refundable.

Opting out of the Sick Bank Program will only be allowed during the Open Enrollment Period. Employees can opt out by providing written notice to the School Business Administrator of their intention to no longer participate.

This form must be returned to the Business Office by September 30, 2025

Please initial if you would like to donate a sick day to the Sick Leave Bank and you meet the conditions necessary to donate one of your sick days to the Sick Leave Bank:

_____ (Initial) I would like to become a member of the Employee Sick Leave Bank by donating 1 total sick day annually.

Employee's Signature

Date

Print Name

School/Department