

WATERTOWN CITY SCHOOL DISTRICT
1351 Washington Street
P.O. Box 586
Watertown, New York 13601

RETURN THIS LETTER

SUBJECT: SICK BANK

SICK BANK IS OPTIONAL. THERE IS NO COST, EXCEPT FOR A DONATION OF ONE SICK DAY AT THE ONSET OF YOUR EMPLOYMENT AND ONE FROM ALL MEMBERS IN ANY GIVEN YEAR WHEN THE ALLOWED ACCUMULATION DROPS BELOW THE "CAP".

CHECK OFF ONE CHOICE:

YES, I DO WISH TO PARTICIPATE IN THE SICK BANK _____

NO, I DO NOT WISH TO PARTICIPATE IN THE SICK BANK _____

SIGNATURE: _____

NAME: (PRINTED) _____

DATE: _____