

WEA Family Emergency Bank Opt-In

The purpose of this form is to allow WEA members to opt-in to the new Family Emergency Bank. By signing this form, you are agreeing to give up one of your personal sick days this year in exchange for joining the Family Emergency Bank. You are also agreeing to add an additional day to the Family Emergency Bank should the total bank days fall below 200.

You do not have to join this, so do so only if you support the purpose of the Family Emergency Bank and are willing to give up one sick day immediately. If you choose no to join the bank now, you will have the opportunity to join at the beginning of the next school year.

I understand the above statement and wish to join the WEA Family Emergency Bank.

(Print Name)

(Signature)

(Date)