

# WEST CHESTER AREA SCHOOL DISTRICT

No. 334AG2

ADMINISTRATIVE GUIDELINE

APPROVED: August 1, 2015

REVISED:

## 334AG2 SICK LEAVE BANK APPLICATION

I am a member of: (circle one)

*Management Team*  
*West Chester Area Education Association*  
*West Chester Area Educational Support Professional Association*  
*West Chester School Service Support Personnel Association (Cust & Maint Employees)*  
*Non-Bargaining Staff*

I hereby make application for membership in the Sick Leave Bank, for which I am eligible. I have read and understand the conditions under which the Bank is to be established, operated and maintained.

I understand the following regarding my application:

- I will donate one (1) day upon joining the bank and two (2) days the second year of my enrollment.
- I will not be eligible for benefits from the bank until one (1) year from the date I Become a member of the Sick Leave Bank.
- All decisions made by the Sick Bank Committee are to be considered final.

Furthermore, I understand that I have the option to cancel my membership in the Bank at anytime with full knowledge that days donated to the Bank are **NOT** redeemable.

Name \_\_\_\_\_  
Last First Initial

Building Location \_\_\_\_\_

Position/Assignment \_\_\_\_\_

Date of Employment \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Return completed application to: Director of Human Resources  
Spellman Administration Building