



Inter-Lakes School District

Sick Leave Bank Enrollment Form 2026-2027

(Applies to **Administrators, ILSSA & ILEA** Bargaining Groups ONLY. Excludes Non-Bargaining)

Employee Name: _____

I would like to donate (circle one): 1 2 3 **4*** **5*** day(s) to the Sick Leave Bank for my bargaining group for the 2026-2027 school year. **(*Administrators only)**

By doing so, I agree with the terms outlined in one of the following:

- Administrators Sick Leave Bank Information document approved by the Inter-Lakes School Board
- Article 13.3.6 of the Inter-Lakes School Board and Inter-Lakes Support Staff Association 2024-2027 Master Agreement
- Article 15.1.4 of the Inter-Lakes School Board and Inter-Lakes Education Association Professional Employees Agreement 2023-2027.

As applicable to my bargaining group and to the criteria established by the Sick Leave Bank Committee in the Sick Leave Bank Information Document.

Employee Signature

Date

*This form must be submitted to the Superintendent of Schools by **September 30, 2026** to become eligible for enrollment. Employees hired after the start of school have fifteen (15) days from the first day of work to enroll in the Sick Leave Bank.*

Remaining Days Per Group as of June 30, 2026

ADMINISTRATION	SUPPORT STAFF (ILSSA)	TEACHERS (ILEA)
250.36 (Max 260 days)	25.04 days (Max 180 days)	176.17 days (Max 300 days)