Hazelwood School District

HSD Pride, HSD Proud!

"A Culture of High Expectations and Excellence!"

2026-2027

Sick Leave Bank Application for Teachers & Certified Staff ONLY

Name:_____ Employee ID#_____

Position:_____ Location:_____

Membership Requirements:

- **New members must donate two (2) compensable days**
- **Current members must donate one (1) day to continue membership**
- **Maximum withdrawal may not exceed one-half (50%) of contractual days**

☐ I wish to continue my membership and donate one (1) day

☐ I wish to join the Sick Leave Bank and donate two (2) days

☐ I wish to drop out of the Sick Leave Bank
(Previously donated days are not returned)

Employee Name_____ Employee ID #_____

Employee Signature_____ Date_____

Employee: Please return this form to the Human Resources Department by, September 30, 2026. Send to benefits@hazelwoodschools.org

*********Office use only********

Membership Approved ☐

Membership Denied due to:_____