Hazelwood School District
HSD Pride, HSD Proud!
"A Culture of High Expectations and Excellence!"

2026-2027

Sick Leave Bank Application for Nurses ONLY

Name:_____ Employee ID#_____

Position:_____ Location:_____

Membership Requirements:

- **Must donate two (2) compensable days**
- **Maximum withdrawal may not exceed 50% of the membership**

I understand that joining the sick bank requires a donation of two (2) compensable days.

☐ I wish to join the Sick Leave Bank

☐ 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.

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

Membership Approved ☐

Membership Denied due to:_____