



2026-2027

Sick Leave Bank Application for Custodial & Maintenance Staff ONLY

Name: _____ Employee ID# _____

Position: _____ Location: _____

Membership Requirements:

- **Must donate two (2) compensable days**
- **Maximum withdrawal must not exceed sixty (60) days**

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. Send to benefits@hazelwoodschoools.org**

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

Membership Approved ☐

Membership Denied due to: _____