



**SICK LEAVE BANK**  
Enrollment Application

Membership: A full-time teacher having been employed by the board for at least one year and having at least ten days accrued sick leave as of date of application for membership, may enroll by voluntarily contributing a newly earned 11<sup>th</sup> sick day to the bank between August 15 and September 15 of any year in which the bank is to operate.

(Please Print)

NAME \_\_\_\_\_ EMPLOYEE ID# \_\_\_\_\_  
First Initial Last

SCHOOL OR DEPT. NAME \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_  
(Street)

\_\_\_\_\_ (city) \_\_\_\_\_ (state) \_\_\_\_\_ (zip)

DATE \_\_\_\_\_ HOME PHONE \_\_\_\_\_

ENROLLMENT ( ) I hereby request I be enrolled as an active member of the Sick Leave Bank. I understand that I must initially contribute one day of sick leave and may be asked to make future contributions at such time(s) as the number of days in the Sick Leave Bank falls below 20% of the number of members. I further understand that membership is voluntary and that donated days will not be returned except as provided for in the Sick Leave Bank Program. I understand that by enrolling in the Sick Leave Bank, I am not eligible for catastrophic illness or injury leave.

( ) I hereby request that one of my accrued sick leave days be donated to the Sick Leave Bank. **I am not** electing to become a member of the Sick Leave Bank. **I am still** eligible for catastrophic illness or injury leave.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
(For Association use only)

CERTIFIED BY CTA:

- ( ) Employee eligible for membership
- ( ) Employee ineligible for membership
- ( ) Reason: \_\_\_\_\_

\_\_\_\_\_  
Signature of CTA Representative

\_\_\_\_\_  
Date