

PASD SICK LEAVE BANK DONATION FORM

NAME _____

BUILDING _____

POSITION _____

DATE OF EMPLOYMENT _____

CHECK ALL THAT APPLY:

_____ I authorize the transfer of one initiation day (first year of joining only) to the PASD Sick Leave Bank.

_____ I authorize the transfer of one contribution day (must contribute one per year to remain a member) to the PASD Sick Leave Bank.

_____ I authorize the transfer of _____ additional sick days to the PASD Sick Leave Bank (extra days may be contributed as a gift to the bank).

_____ I authorize the transfer of _____ sick days to fulfill my obligation of eligibility (applies only to those Bargaining Unit members who did not join the Sick Leave Bank when first eligible).

I have read all of the rules and guidelines of the PASD Sick Leave Bank.

I understand that all sick days donated to the PASD Sick Leave Bank are a permanent donation and may not be withdrawn.

I understand and agree that I am prohibited from filing any action or grievance against the School District or the Association as a result of my participation in the PASD Sick Leave Bank.

Signed

Date

Please return this form to: Regina Parkison
Northside Elementary School