

SICK LEAVE BANK PARTICIPATION FORM

I, _____, desire to participate in the sick leave bank program and authorize the Personnel Office to deduct from my accumulated sick leave _____ sick day(s) which is to be deposited in the Eden Central School / ETA Sick Leave Bank.

Signature

Date

Number required by Paragraph 6.2.1

OR

I, _____, do not wish to participate in the Sick Leave Bank Program.

Signature

Date