

SICK LEAVE BANK PARTICIPATION FORM

Please review School Board Policy GCBD and Regulation GCBD-R for terms and conditions of participation in this program. After reviewing this information, please complete and return this form to the Director of Human Resources at the School Board Office by September 15.

PLEASE PRINT

Name: _____

Last Four Digits of your Social Security Number: XXX – XX - _____

School: _____

Work Assignment: _____

_____ Please enroll me in the Sick Leave Bank. I agree to comply with the terms and conditions specified in School Board Policy GCBD and Regulation GCBD-R.

_____ I choose not to participate in the Sick Leave Bank for this school year, but realize I have the opportunity to join again next fall.

Signature

Date

Approved: April 14, 2014