



Sick Leave Bank Participation Form

Your Name (Printed): _____

Your Building Site: _____

Number of days you wish to donate: (minimum of 1 and a maximum of 5. Half day increments are allowable)

CHECK BOX BELOW

<input type="checkbox"/>	1 day
<input type="checkbox"/>	1.5 days
<input type="checkbox"/>	2 days
<input type="checkbox"/>	2.5 days
<input type="checkbox"/>	3 days
<input type="checkbox"/>	3.5 days
<input type="checkbox"/>	4 days
<input type="checkbox"/>	4.5 days
<input type="checkbox"/>	5 days

By signing below, I am authorizing the district to deduct the above amount of sick leave from my sick leave balance to be placed into the Certified Sick Leave Bank. In doing so, I understand that once the leave has been deducted from my leave balance, it is not returnable to me. I also understand that this qualifies me to request leave from the Sick Leave Bank under the requirements outlined in the 2022 - 2025 Collective Bargaining Agreement, Article 19, Section I.

Signature: _____

Date: _____

This form must be received by the WSD Business Office no later than October 1st.