

ABILENE INDEPENDENT SCHOOL DISTRICT

SICK LEAVE BANK MEMBERSHIP APPLICATION

Note: A response is necessary only if an employee wishes to join.

Membership in the Abilene Independent School District Sick Leave Bank (hereinafter "Bank") is available to all employees.

I have read the rules and regulations concerning the Bank benefits and desire to participate by donating three (3) local sick leave days to the Bank.

I understand that these three (3) days, once donated to the Bank to become a member, will be subtracted from my available local sick leave days. All donations to the Bank become the property of the Bank and cannot be returned even upon cancellation of membership.

My authorization to place three (3) local sick leave days in the Bank and deduct three (3) days from my accumulated local sick leave is verified by my signature below.

Employee_____ Empl ID#_____
(Please print full name)

Campus_____ Position_____

Length of time employed by Abilene ISD_____

Signature_____ Date_____

Are you presently aware of any expected need for use of the Sick Leave Bank during the forthcoming or current school year?

Yes_____ No_____

If yes, please explain_____

Please return this form through the school mail or hand deliver to the Employee Benefits Office in the Administration Building.