

EAEA SICK LEAVE BANK

Enrollment Form

**Please return this entire page
to Sharla Hoting at Heritage Jr. Sr. High School**

(Sign and date both upper and lower sections of this form.)

____ I want to enroll in the EAEA Sick Leave Bank. I hereby authorize the transfer of one (1) day from my earned sick leave credit to the SLB. I understand that

- 1. My participation in the sick leave bank shall be voluntary and irrevocable.
- 2. The association shall have the full responsibility in granting, denying, or suspending grants of sick days from the sick leave bank.
- 3. To qualify for the bank, I must contribute at least one (1) day from my accumulated sick day total.

I am: ____ Full time ____ Part time

____ I **do not** want to participate in the sick leave bank. I understand that I will not have the opportunity to enroll in the Sick Leave Bank again until an open enrollment is called by EAEA.

Date _____

(Teacher signature) (Teacher printed name)

Office Copy

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Association Copy