

# SICK LEAVE BANK PARTICIPANT FORM



Print Name: \_\_\_\_\_

Site: \_\_\_\_\_

I elect to participate in the GESD Sick Leave Bank.

I understand:

- This donation is voluntary
- Donation is final and I cannot request a refund of donated hours
- I can only request assistance from the sick leave bank if I have donated hours
- 8 hours (or pro-rated amount if less than full-time) will be deducted from my sick leave balance
- I must have a minimum sick leave balance of 64 hours

Please check here if you agree to the terms stated above and would like to participate in the sick leave bank.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

➤ If you choose to participate, please complete and return this form to the Payroll Office.

To be completed by Payroll. Once processed, employee will receive a copy of this form.

Date Received \_\_\_\_\_

Current Sick Leave Balance \_\_\_\_\_

Approved

Reviewed by: \_\_\_\_\_

Sick Leave Adjusted on \_\_\_\_\_

Denied

*Revised 08/29/13*