

**Kyrene School District  
Administrators Sick Leave Bank  
ASLB  
Participation Election Form**

I, (print name) \_\_\_\_\_, Employee ID \_\_\_\_\_ elect to donate **16 hours** of ACA for a .75 through 1.0 FTE or **8 hours** of ACA for a .74 or less FTE to the Administrators Sick Leave Bank. I am aware that these hours will be deducted from my current balance.

I understand that this is voluntary and I will not be able to revoke this donation. I also understand that in order to participate in this program I must have contributed 16 hours or 8 hours of my accrued ACA.

By signing below I agree to the above regulations and those set forth in the Kyrene School District Administrator Sick Leave Bank Guidelines.

\_\_\_\_\_ 16 hours (.75 FTE – 1.0 FTE)

\_\_\_\_\_ 8 hours (.74 FTE or less)

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
School/Department

Please return completed form to Deb Spurgin, Mail Stop #28, HR- Employee Benefits Department, District Office

Updated 8/2012