



SICK LEAVE BANK MEMBERSHIP APPLICATION

A RESPONSE IS ONLY NECESSARY IF AN EMPLOYEE DESIRES TO JOIN.

I have read the rules and regulations concerning the Sick Leave Bank benefits and desire to participate by donating to the Bank three (3) of my accrued, or to be earned this year, local sick leave days.

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

I further understand that should I be absent from work and exceed the number of local sick leave days remaining available for the current year, the local sick leave policy will be in effect.

Members of the Bank who do not use the Bank benefits, ARE NOT REQUIRED to donated additional days unless the Bank days fall below two times the number of participating members.

My authorization to place three (3) local days in the Pasadena ISD Sick Leave Bank and delete from my available sick leave days, is verified by the signature below:

Employee: _____ Date: _____
(Print full name)

School/Department: _____

Position: _____

Length of time employed by Pasadena ISD: _____ years _____ months

Date of Employment: _____ Social Security #: _____

Signature: _____

Membership in the Pasadena ISD Sick Leave Bank is available to all employees earning sick leave in the district. Participation in the plan is optional.

PLEASE RETURN THIS FORM TO HUMAN RESOURCES THROUGH YOUR LOCATION OFFICE.