**Woodland Park Education Association**

**Sick Leave Bank Enrollment Form**

Please sign this form and return it to the WPEA Sick Bank Committee or WPEA Representative in your building. Enrollment into the **EMPLOYEE SICK LEAVE BANK** is open from August 1 to last Friday of September each year.

The **EMPLOYEE SICK LEAVE BANK** has been established to provide sick leave days to its members. These days are for members who develop critical illness and/or injury during the course of the school year. These days/hours can be given only after the member’s district given days/hours have been exhausted. Days/hours are stored and distributed as needed by the Sick Leave Bank Committee, which is made up of a member of WPEA from each building. To apply for days/hours, you must submit a request form to the Sick Bank Committee, which may be obtained from your WPEA building representative.

**Enrollment Agreement**

If I choose to become a member of the **EMPLOYEE SICK LEAVE BANK**, I authorize Woodland Park School District to deduct from my accumulated leave days, two (2) days per year for three years, allowing me to have perpetual membership in the **EMPLOYEE SICK LEAVE BANK.**

If I choose to become a member of the **EMPLOYEE SICK LEAVE BANK**, I understand that I may apply to withdraw from the Sick Leave Bank at any time. I also agree that I will forfeit all days contributed to the bank should I choose not to continue in the bank. I also understand that if I find it necessary to use days from the Sick Leave Bank, I must apply for leave days, and be approved by the Sick Leave Bank Committee, for the leave days to be granted from the Sick Leave Bank.

[ ] I choose to enroll in the **EMPLOYEE SICK LEAVE BANK.** By signing below I indicate that **I have chosen to enroll in the Sick Leave Bank** and agree to all terms and conditions as outlined here and in the Conditions of Employment governing its use.

[ ] I choose NOT to enroll in the **EMPLOYEE SICK LEAVE BANK**. By signing below I indicate that **I have chosen NOT to enroll in the Sick Leave Bank** at this time. I understand that I cannot go to the sick bank to request days.

Signature Date

Print Name

(For Office Use Only)

Year of Enrollment: Number of Days:

Second Contribution: Number of Days:

Final Contribution: Number of Days: