Woodland Park School District Sick Leave Bank Enrollment Form

Please sign this form and return it to the HR Department. Enrollment in the **EMPLOYEE SICK LEAVE BANK** is open upon hire for new staff and from August 1 to August 31 each year for returning staff.

The **EMPLOYEE SICK LEAVE BANK** has been established to provide additional 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 employee's given sick days/hours have been exhausted. Days/hours are stored and distributed as needed by the HR Department. To apply for sick bank leave, you must submit the request form (GBGH-E-2) to the HR Department.

Enrollment Agreement

If I choose to participate in 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**.

I understand that I may 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 to withdraw. I also understand that if I find it necessary to use days from the Sick Leave Bank, I must apply for leave days, subject to approval by the HR Department.

□ I choose to participate 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 District Policy GBGH on the district website.

□ I choose NOT to participate in the **EMPLOYEE SICK LEAVE BANK**. By signing below I indicate that <u>I have chosen</u> <u>NOT to enroll in the Sick Leave Bank</u> at this time. I understand that I may enroll during an enrollment window if I choose to participate in the future.

Signature		Date
Print Name		
(For Office Use Only)		
Year of Enrollment: Second Contribution: Final Contribution:	Number of Days: Number of Days: Number of Days:	
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