

SICK LEAVE BANK
ENROLLMENT FORM
FOR CURRENT EMPLOYEES
TO THE DAYTON PUBLIC SCHOOLS
2022-2023

Name _____ Building _____

Employee Number _____

Date Hired: _____

I authorize the Board of Education to transfer one of my accumulated sick leave days to the Sick Leave Bank.

Signature _____

Date _____

PLEASE FILL OUT THIS FORM AND GIVE IT TO YOUR BUILDING ASSOCIATION REPRESENTATIVE (BAR) BY OCTOBER, 2022.

After that date, no one will be permitted to enroll in the Sick Leave Bank and will, therefore be ineligible for the Sick Leave Bank.

This is the form we will use to enroll you in the Sick Leave Bank.

DONATION TO SICK LEAVE BANK

A participating employee in the Bank shall contribute one (1) day of sick leave to the Bank. Participating employees, except those whose accumulated sick leave has been depleted, shall contribute an additional day each time the Bank contains days numbering fewer than two hundred (200). Sick leave days shall not be returned to the employee except as provided hereinafter for the employee's personal illness, accident or injury.

PROFESSIONAL STAFF MEMBERS ONLY