

**SICK LEAVE BANK  
ENROLLMENT FORM  
For West Genesee Teachers' Association Members**

**Election to Participate**

*I hereby elect to participate in the Sick Leave Bank for WEST GENESEE TEACHERS' ASSOCIATION MEMBERS pursuant to Article XI. P of the 2016-2020 WGTA Contract. I understand that:*

- 1. I agree to make an initial donation of two days, which will be deducted from my accumulated sick days, to join the Sick Leave Bank; and*
- 2. I may apply for benefits from the Sick Leave Bank only after exhausting all of my accumulated sick leave; and*
- 3. This agreement will continue until I submit a signed notice terminating my participation in the sick leave bank; and*
- 4. I understand that in the unlikely event that the bank of donated sick days falls below 90, an additional one or two days will be requested from Sick Leave Bank Members. This is a condition of remaining in the Sick Leave Bank. These additional days will be deducted from a member's accumulated sick days; and*
- 5. All days contributed to the sick leave bank are non-refundable; and*
- 6. Sick Leave Bank Members who wish to access the sick bank must have used all current and accumulated sick days, submit a request to the Sick Bank Leave Committee and provide medical evidence as required by the district; and*
- 7. The maximum number of days that can be withdrawn from the Sick Bank is 90; and*
- 8. The rate of compensation during a Sick Bank Leave will be Step 1, BA+0.*
- 9. This form must be completed and returned to a Building Secretary by **October 1<sup>st</sup>**.*

\_\_\_\_\_  
Name of Employee (Please Print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Building

\_\_\_\_\_  
Last 4 digits of SSN

**\*\*\* EMPLOYEES CAN DONATE MORE THAN TWO DAYS TO THE SICK BANK. IF YOU WISH TO DO SO, PLEASE INDICATE BY MARKING BELOW.**

\_\_\_\_\_ (√) I AGREE TO DONATE \_\_\_\_\_ ADDITIONAL DAYS BEYOND THE 2 REQUIRED FOR MEMBERSHIP IN THE SICK LEAVE BANK.