

# SICK LEAVE BANK ENROLLMENT FORM

Name: \_\_\_\_\_

Site: \_\_\_\_\_

S S N:          -       - \_\_\_\_\_

Probationary

Permanent

Years in District \_\_\_\_\_

Current accumulated sick leave hours (see latest pay warrant) \_\_\_\_\_

I wish to donate 8 hours  
(minimum)

I understand that this donation adheres to Section 13.13 of the Contract. To the best of my knowledge, the above information is correct.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please return to the A.C.E. Office via District Mail**

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For Office use only

**Approved:** \_\_\_\_\_

**Received:** \_\_\_\_\_

**Disapproved:** \_\_\_\_\_

**Enrollment date:** \_\_\_\_\_