



Sick Leave Bank Application

A response is necessary to join OR decline.

I have read the rules and regulations concerning the Sick Leave Bank benefits and desire to participate by donating to the Bank two (2) of my local sick leave days.

I understand that these two (2) days, once donated to the Bank to become a member, will be subtracted from my local sick leave days available. All donations to the bank become property of the Bank and cannot be returned even upon the cancellation of membership.

I further understand that, should I be absent from work and exceed the number of local sick leave days remaining available for the current year; the local Sick leave policy will be in effect.

Membership in the NBISD Sick Leave Bank is available to all full-time employees ONLY.

NOTE: Members of the bank who found it necessary to use the benefits of the Bank during the last school year, MUST AGAIN DONATE TWO (2) DAYS maximum, or the actual number of days used (whichever is less) to continue membership in the Bank. Members of the Bank who have not used the Bank benefits, ARE NOT REQUIRED to donate additional days unless the Bank's days fall below one time the number of participating members.

My authorization to delete two (2) local sick leave days from my available sick leave and place them in the New Braunfels Independent School District Sick Leave Bank is verified by the signature below:

Enroll

Employee: \_\_\_\_\_ Date: \_\_\_\_\_
PRINT NAME
Campus: \_\_\_\_\_ Employee ID #: \_\_\_\_\_
Signature: \_\_\_\_\_

Are you currently under the care of a physician for which Sick leave bank days may be needed during the forthcoming or current school year? Yes No

If yes, please explain: \_\_\_\_\_

Sick leave days from the bank cannot be used for an illness or surgery, which results from a condition, which was known to the member on the date that he or she first became a member of the bank.

Declination: I hereby decline the opportunity to become a member of the Sick leave bank at this time. I understand that I will not be eligible to enroll until the next available enrollment period.

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

Please return this form to the Human Resources Office by August 31st.