

Human Resources Signature

SICK LEAVE SHARING BANK OPT-OUT FORM

Name: First	MI	Last
Site:	Position:	Employee ID
<u></u>	1 Ostron.	Employee 15
OPT OUT		
	opt-out of the Sick Leave Sharing Bank. I u	nderstand that I may
	s from the bank until June 30th of the curren	
Employee Signature		Date
Additional informat	ion regarding opting-out of the sick leave sh	naring bank is below:
 Days contribute toward the inproperty of Employees Employees one (1) year 	ndividual member's accumulated or current the bank cannot re-enroll until the following annual e	the sick leave sharing bank and no longer count to sick leave. Any days donated will remain the tenrollment period October 1 to October 30 to opt-out, will be required to be in the bank for
Refer to Board Police	ey 5310 for complete details.	
For HR Use Only:		
Date Receive	ed:	
Sick Leave E	Balance:	
Opt-Out Effe	ective Date:	

Date