



Division of Human Resources
Sick Leave Bank Enrollment

Eligible employees may enroll annually in the month of October

Protect your leave time against "catastrophic" illness or injury.

- Donate one (1) day sick leave
• Must be employed for minimum of one (1) year before eligible to join
• Must be member for one (1) year before being eligible to use days
• Use for catastrophic illness/injury of employee only
• Maximum of 100 days lifetime usage

CL _____

- I wish to enroll in SBAC Sick Leave Bank.
• I understand that I am donating one (1) day of my accrued sick leave upon my initial enrollment.
• I have been employed with SBAC for at least one (1) year.
• I have at least four (4) days remaining in my sick leave account.
• I am employed one-half (1/2) time or greater by the School Board.

*** Current members do not need to re-enroll ***

Employee's Name: _____ Emp. ID #: _____
Job Title: _____ School/Site: _____
Employee's Signature: _____ Date: _____

Deadline for enrollment - October 31

For Office Use Only

Current Balance _____ Hours Deducted _____ Date Deducted _____
Employed at least one year 1/2 time or greater Yes [] No []