



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

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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**

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**For Office Use Only**

Current Balance \_\_\_\_\_ Hours Deducted \_\_\_\_\_ Date Deducted \_\_\_\_\_

Employed at least one year ½ time or greater Yes  No