



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 ½ time or greater Yes No