



## SICK BANK DONATION FORM

AS PER THE TEACHER CONTRACT, I \_\_\_\_\_  
Please print your name

ELECT TO PARTICIPATE IN THE SICK BANK FOR THE 2024/2025 SCHOOL YEAR. PLEASE DEDUCT ONE SICK DAY FROM MY ALLOCATION.

I UNDERSTAND THAT THIS DONATION IS IRREVOCABLE AND THAT THE SICK DAY DONATED IS NON-REFUNDABLE.

\_\_\_\_\_  
Teacher (signature)

\_\_\_\_\_  
Witness (signature)

\_\_\_\_\_  
Date

**To be eligible to use days from the Sick Bank, the Association Member must have elected to participate in the Sick Bank by September 1<sup>st</sup> of the year in which application has been made. First year members of the bargaining unit are not eligible to participate in the Sick Bank.**

**Please return this completed form to Keri Reddington by September 1, 2024.**