

**IRVING INDEPENDENT SCHOOL DISTRICT**

**SICK LEAVE BANK MEMBERSHIP APPLICATION**

**A response is necessary whether or not an employee desires to join.**

Employee: \_\_\_\_\_ Employee Number: \_\_\_\_\_  
(Please Print Full Name)

School/Department: \_\_\_\_\_ Position: \_\_\_\_\_

Length of Time Employed by IISD: \_\_\_\_\_ years \_\_\_\_\_ months

Date of Employment: \_\_\_\_\_

I have read the rules and regulations concerning the Sick Leave Bank benefits and desire to participate by donating to the Bank three (3) of my accrued, or to be earned this year, local sick leave days.

I understand that these three (3) days, once donated to the Bank to become a member, will be subtracted from my accrued, or to be accrued this year, local sick leave days available. All donations to the Bank become the property of the Bank and cannot be returned even upon cancellation of membership.

I further understand that should I be absent from work and exceed the number of local sick leave days remaining available for the current year, the local sick leave policy will be in effect.

NOTE: Members of the Bank during the last school year who found it necessary to use the benefits of the Bank MUST AGAIN DONATE 3 days (maximum) or the actual number of days used (whichever is less) to continue membership in the Bank.

Members of the Bank who have not used the Bank benefits ARE NOT REQUIRED to donate additional days unless the Bank days fall below two times the number of participating members.

My authorization to place three (3) local days in the Irving ISD Sick Leave Bank and delete from my available local sick leave days, is verified by the signature below:

(x) \_\_\_\_\_ Date: \_\_\_\_\_  
**Signature**

I **DO NOT** wish to join at this time even though I understand that I will not be entitled to access extended local leave unless I am a member of the Sick Leave Bank.

(x) \_\_\_\_\_ Date: \_\_\_\_\_  
**Signature**

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Are you presently aware of any expected need for use of the sick leave bank during the forthcoming or current school year? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain \_\_\_\_\_

Return this form to the **EMPLOYEE BENEFITS OFFICE AT THE ADMINISTRATION BUILDING.**

SLB Form #4

Revised 5/00

Date applied: \_\_\_\_\_

Date joined: \_\_\_\_\_