



Hazelwood School District
Application for Membership in the Sick Leave Bank

Name: _____ Employee Id #: _____

Position: _____ Location/Dept: _____

Please check one of the boxes below:

- I wish to join the sick leave bank by donating 2 of my accumulated days.
NOTE: Certified staff must have 27 compensable days as of June 30th of the previous school year to be eligible to join the sick bank. Additionally, certified staff may only apply between September and October.

- I wish to drop out of the sick bank. (Note: donated days are not returned)

I fully understand that joining the sick bank requires a donation of 2 of my accumulated compensable days and the days will be deducted from my current year's balance.

Employee Signature _____ Date _____

Employee: Please return this form to the Human Resources Department by the last Friday in May.

<p>Office use only</p> <p><input type="checkbox"/> Membership Approved</p> <p><input type="checkbox"/> Membership Denied Reason: _____</p>
