

**NEW DIANA INDEPENDENT SCHOOL DISTRICT
SICK LEAVE BANK APPLICATION FOR MEMBERSHIP**

Membership in the New Diana ISD Sick Leave Bank is available to all employees

_____ I **do not** wish to participate

Employee: _____

Date: _____

Signature

_____ I **do** wish to participate. I have read the Sick Leave Bank Guidelines and desire to participate by donating to the Bank one (1) of my (to be earned this year) **local leave days**.

Employee: _____

Date: _____

Campus/Dept. _____

Position: _____

Original date of hire: _____

I understand that this one (1) day, once donated to the Bank to become a member, will be subtracted from my **local leave** days available. All donations to the Bank become the property of the Bank and cannot be returned even upon cancellation of membership.

After the first year of membership, members of the Bank who have not used the Bank benefits are required to donate **1 day** annually to maintain membership for the current year.

My authorization to place (1) day of my local leave in the New Diana ISD Sick Leave Bank and delete it from my available local leave days, is verified by the signature below:

Signature

Are you presently aware of any expected need for use of the Sick Leave Bank during the forthcoming school year? Yes _____ No _____

If yes, please explain: _____

Please return this form through school mail or hand deliver to the Business Manager no later than September 5.