

## AUTHORIZATION FOR CONTRIBUTION TO FEA SICK LEAVE BANK

I understand that once I automatic unless I notify the Sick Leave Bank. Reyear. I understand that the sick leave account. I also one (1) additional day of a	, hereby authorize the uct one day from my accumulated sign this form, my contribution to the District and FEA in writing lemoval as a member of the Sick Lead donation of this day of sick leave a understand that if the FEA Sick Leaccumulated sick leave will be transferred in any one school	o the FEA Sick Leave Bank early May 31 <sup>st</sup> that I no longer we eave Bank will be effective be is final and not recoverable for a Bank becomes depleted durferred to the FEA Sick Leave B	FEA Sick Leave Bank. ach year will be rish to be a member of ginning the following recredit to my personal ing the school year that
My contract day is	_ hours per day.		
active duty under your emp <b>Leave Bank in the previ</b> o	l out this form and return it to the F ployment contract. <b>Teachers curr</b> ous school year must return this for your employment contract.	ently employed who were not	members of the Sick
F number	Signature	Date	
Building/Department			
copies to the FEA received the form	* After completing this form, retain office. FEA will return the pink cop. If you have not received the pin otify the office at 456-4435.	y as your receipt that the Sick L	_eave Bank has
		Receive	d by FEA:
			===========
PAYROLL USE ONLY			
S/L Balance:			
S/L Bank Contrib	oution		
New S/L Balance			
		Posted: _	