

# **Caldwell School District Classified Sick Leave Bank Application for Membership**

***This application must be submitted to the Human Resource Department between October 1<sup>st</sup> through October 15th.***

I acknowledge I am a full-time classified employee and have been employed continuously for one year. I have accumulated the number of sick days for donation and hereby donate two (2) days of accumulated sick leave to the Classified Employees Sick Leave Bank.

I understand that the two (2) donated days will remain in the CSLB and are non-transferable. I understand that I may be assessed additional days if needed to keep the CSLB operational.

*I have read and understand the Classified Sick Leave Bank provisions and wish to become a member.*

Name (print): \_\_\_\_\_

School: \_\_\_\_\_

Hours Worked per Day: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_