

**APPLICATION FOR MEMBERSHIP
IN THE CALDWELL SCHOOL DISTRICT NO. 132
CERTIFIED SICK LEAVE BANK**

I hereby donate two (2) days of accumulated sick leave to the Caldwell School District No. 132 Certified Sick Leave Bank. I understand that the two (2) donated days remain in the Caldwell Bank and are not transferable to another school district should I take employment elsewhere.

I understand that I may be assessed additional donated days if the extra days are needed to keep the sick leave bank operational and solvent.

I understand there is a one-year waiting period and I am not eligible to draw from the Certified Sick Leave Bank until the school year following my enrollment date.

This application for membership may be submitted to Kathy Braun at Sacajawea Elementary School on or before the second Friday in October.

SIGNATURE _____

PRINTED NAME _____

EMPLOYEE ID # _____

SCHOOL _____

DATE _____

For more information or questions contact the respective building CEA representatives or any member of the Sick Leave Bank Committee.

Kathy Braun 455-3333

Cindy Grover 455-3326

Ty Walling 455-3304

Patti Wade 455-3300