

Boyd ISD Sick Bank Membership

2018-2019

After carefully reviewing the attached Boyd ISD Sick Leave Bank policies and guidelines, please indicate your wishes in regard to membership in the Sick Leave Bank by checking the appropriate response(s).

This form must be completed by all BISSD employees, professional, paraprofessional, cafeteria and maintenance employees, and turned in to your campus office/Supervisor..

I wish to become a member/remain a member of the Sick Leave Bank.

New members will contribute one (1) day of local personal leave (in the case of maintenance employees, one (1) day of State personal leave)

Existing members are not required to contribute one (1) day **unless** the number of days accrued in the bank falls short of 2-1/2 times current year membership.

I understand this voluntarily donated day becomes the property of Boyd ISD and cannot be returned to me upon cancellation of my Sick Leave Bank membership.

I decline enrollment in the BISSD Sick Leave Bank.

Committee:

I wish to file as a candidate to represent my group in the Boyd ISD Sick Leave Bank for the following location/campus:

- ___ High School
- ___ Middle School
- ___ Intermediate School
- ___ Elementary School
- ___ Food Service
- ___ Maintenance/Custodial
- ___ Central Office/Administration

I do not wish to file as a candidate to represent my group in the Boyd ISD Sick Leave Bank.

Print Name

Signature

Date

PLEASE RETURN TO THE CAMPUS OFFICE/SUPERVISOR