



# HIGHLAND PARK INDEPENDENT SCHOOL DISTRICT

7015 Westchester Drive • Dallas, Texas 75205 • (214) 780-3000

## EMPLOYEE SICK LEAVE BANK

### APPLICATION FOR MEMBERSHIP

Name: \_\_\_\_\_

Campus/Work Location: \_\_\_\_\_ Position: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Date of Employment: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (City I State) (Zip)

Home Telephone: \_\_\_\_\_ Work Telephone: \_\_\_\_\_

Do you currently have accrued or will you earn 3 local leave days this school year? Yes \_\_\_\_ No \_\_\_\_

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*I understand that to become a member of the HPISD Sick Leave Bank, I must donate 3 days of local sick leave and I authorize HPISD to deduct 3 days from my local/eave balance to donate to the Sick Leave Bank. As a condition of membership in the Sick Leave Bank, I agree to comply with all rules and guidelines of the HPISD Sick Leave Bank.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date Signed

**Please return form to the Personnel Department by Wednesday, October 4, 2017.**