

ILEA SICK LEAVE BANK ENROLLMENT FORM

School Year 2010-2011

Employee Name: _____

I would like to donate _____ day(s) to the ILEA Sick Leave Bank for the 2010-2011 school year. (For the 2010-2011 year, you may contribute 1 to 3 days.)

By doing so, I agree to the terms outlined in Article 16.1.4 of the Inter-Lakes School Board and Inter-Lakes Education Association Professional Employees Agreement 2008-2011 and to the criteria (ILEA SICK LEAVE BANK INFORMATION document) established by the Sick Leave Bank Committee.

Employee Signature

Date

This form must be submitted to the Superintendent of Schools by September 30, 2010 in order to become eligible for enrollment. Employees hired after the start of school have fifteen (15) days from the first day of work to enroll in the Sick Leave Bank.