

# ILSSA SICK LEAVE BANK ENROLLMENT FORM

## School Year 2020-2021

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

I would like to donate \_\_\_\_\_ day(s) to the ILSSA Sick Leave Bank for the 2020-2021 school year. (For the 2020-2021 year, you may contribute 1 to 3 days.)

By doing so, I agree to the terms outlined in Article 13.3.6 of the Inter-Lakes School Board and Inter-Lakes Support Staff Association 2017-2021 Master Agreement and to the criteria (ILSSA 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 15, 2020 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.*

***As of June 30, 2020, the Sick Bank has 180 days remaining.***