

## Sick Leave Bank Enrollment Form

I have read the attached guidelines for the Sick Leave Bank. I authorize the deduction of 3 days from my accumulated sick leave as indicated in the table below:

Check one of the options:

<b>Check Appropriate Option</b>	<b>Prorated Sick Leave Bank Membership</b>	<b>Year 1</b>	<b>Year 2</b>	<b>Year 3</b>
First Year of Service _____	Days contributed Days available in the Sick Leave Bank	1 10	1 20	1 30
Second Year of Service _____	Days contributed Days available in the Sick Leave Bank	0 0	2 20	1 30
Third or More Years of Service _____	Days contributed Days available in the Sick Leave Bank	0 0	0 0	3 30

Name \_\_\_\_\_ Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Building \_\_\_\_\_

***Return this form by October 31, 2007 to:  
PDTA Office, Barker Road Middle School, 75 Barker Road, Pittsford, NY 14534***