

## Sick Leave Bank Enrollment Form

I have read the attached guidelines for the Sick Leave Bank. I authorize the deduction of 4 days from my accumulated sick leave as indicated in the table below:

Check one of the options:

Check Appropriate Option	Prorated Sick Leave Bank Membership	Year 1	Year 2	Year 3	Year 4
First Year of Service _____	Days contributed Days available in the Sick Leave Bank	1 10	1 20	1 30	1 30
Second Year of Service _____	Days contributed Days available in the Sick Leave Bank	0 0	2 20	1 30	1 30
Third Year of Service _____	Days contributed Days available in the Sick Leave Bank	0 0	0 0	3 30	1 30
Fourth or More Year of Service _____	Days contributed Days available in the Sick Leave Bank	0 0	0 0	0 0	4 30

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

Name \_\_\_\_\_ Building \_\_\_\_\_  
(Please print)

***Return this form by October 30, 2009 to:  
PDTA Office, Administrative Annex, 42 Jefferson Road, NY 14534***