



## Sick Leave Bank (SLB) Enrollment Form For New SLB Members Only

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:

Years of Service	Year 1	Year 2	Year 3	Year 4	Year 5 +
Days contributed	1	1	1	1	0
Days available in the Sick Leave Bank	10	20	30	30	30
Days contributed	0	2	1	1	0
Days available in the Sick Leave Bank	0	20	30	30	30
Days contributed	0	0	3	1	0
Days available in the Sick Leave Bank	0	0	20	30	30
Days contributed	0	0	0	4	0
Days available in the Sick Leave Bank	0	0	0	20	30
Days contributed	0	0	0	0	4
Days available in the Sick Leave Bank	0	0	0	0	20 (30 in subsequent years)

Number of Years of Service in PCSD (Circle One):      **1<sup>st</sup>**      **2<sup>nd</sup>**      **3<sup>rd</sup>**      **4<sup>th</sup>**      **5<sup>th</sup> +**

Signature \_\_\_\_\_

Date \_\_\_\_\_

Name \_\_\_\_\_

Building \_\_\_\_\_

*(Please print)*

**Return this form by October 31 to:  
Tracy Castleberry, PDTA Office, Lomb Building**