



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:

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): **1st** **2nd** **3rd** **4th** **5th +**

Signature _____

Date _____

Name _____

Building _____

(Please print)

***Return this form by October 31 to:
Karen Kalinowski, PDTA Office , Lomb Building***