



# East Hanover Township School District

## SICK LEAVE BANK

### Membership Enrollment Form

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

School/Department: \_\_\_\_\_

By signing below, I authorize the East Hanover Township School District payroll department to deduct two (2) days from my current sick leave for enrollment in the Sick Leave Bank for the 2018-2019 school year, that I have a minimum of 35 days in my sick leave balance, and that I have been employed with the East Hanover Board of Education for a minimum of 10 months.

I understand that I am subject to a 30-day waiting period before I can request days and that the Administration Committee will grant days in accordance with the guidelines and procedures outlined in Policy 3432.2 and Policy 4432.2.

I have read and agree to abide by Policy 3432.2 and Policy 4432.2.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

Completed form must be sent to:

Joyce Newburg  
Superintendent's Office

20 School Avenue East Hanover, New Jersey 07936  
(973) 887-2612 (973) 887-6716 Fax  
[www.easthanoverschools.org](http://www.easthanoverschools.org)