

Regional School Unit 3  
Unity, Maine

**BY COMPLETING THIS FORM, YOU ARE AGREEING TO JOIN THE SICK LEAVE POOL EACH YEAR YOU ARE EMPLOYED. ONE SICK DAY WILL BE SUBTRACTED FROM YOUR SICK LEAVE ACCRUALS EACH YEAR UNLESS YOU REQUEST TO DROP YOUR ENROLLMENT, IN WRITING, TO THE SUPERINTENDENT'S OFFICE.**

SUPPORT SICK LEAVE POOL FORM

I wish to become a member of the sick leave pool and shall contribute one day per year from my accumulated personal sick leave to the sick leave pool for each year I am employed. Support Personnel may draw on the sick leave pool by satisfying conditions outlined in the guidelines.

If you wish to become a member, please sign below and return to the central office. If you decide you no longer want to be in the sick leave pool, you must submit your request to drop your enrollment, in writing, to the superintendent's office.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

Printed Name \_\_\_\_\_