

SHELBYVILLE CENTRAL SCHOOLS  
AND  
SHELBYVILLE CENTRAL TEACHERS ASSOCIATION

INITIAL VOLUNTARY SICK LEAVE BANK ENROLLMENT

Name: \_\_\_\_\_  
                    (Last)                    (First)                    (Middle)                    Social Security No.

Address: \_\_\_\_\_  
                    (No. and Street)                    (City)                    (Zip)

Phone: \_\_\_\_\_ School: \_\_\_\_\_

I wish to participate in the Voluntary Sick Leave Bank as described in the contract originally dated November 3, 1981, and adopted by the SCTA and SCS, and included in each subsequent collective bargaining agreement.

I have read the description of the bank and the various regulations, guidelines, membership requirements, and general operating procedures. As a condition of my application, I specifically acknowledge and agree that the granting of days from the Voluntary Sick Leave Bank shall be at the sole discretion of the Sick Leave Bank Committee, and that all decisions of the Sick Leave Bank Committee will be final.

I hereby authorize the business office of the school district to deduct one day from my accumulated sick leave and voluntarily contribute that day to the Voluntary Sick Leave Bank. With this contribution I shall become an active member of the bank and am thereby governed by the committee responsible for the administering of the bank and accept all responsibilities and will meet all obligations as outlined in the proposal once the bank becomes officially operative.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

NOTE: This form must be received in the SCS Business Office by September 1<sup>st</sup> of the current school year.

I do not wish to participate in the Voluntary Sick Leave Bank during this school year, however I understand that I may enroll during the enrollment period in future years provided that I meet any and all requirements specified for such enrollment.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_