



DUNDEE COMMUNITY SCHOOLS
SICK BANK DONATION FORM

Employee Name (Print): _____

Number of days in Employee's current Sick Bank; _____

Number of days requested to donate to Sick Bank: _____ "You may voluntarily donate up to four (4) days to the sick bank account on an individual basis" (EA Contract Article IX, Page 13).

Remaining days in Employee Sick Bank: _____

Employee Signature: _____

Date: _____

PLEASE SUBMIT THIS FORM FOR APPROVAL TO:

DEA President Signature: _____ Date: _____

Once approved by DEA President, please submit this form to the Superintendent for his approval. Once approved by the Superintendent, this form will be forwarded to the Business Office (Payroll).

Superintendent Signature: _____ Date: _____