

Sick Leave Bank Participation

Name _____

In order to participate in the Northwestern Schools/NASE Sick Leave Bank (SLB), I understand that two (2) days of sick leave will be deducted from my accumulated sick leave balance and that I may be assessed at a later date for additional days. I also understand that I am eligible to benefit from the SLB if and when there is a need. If days are withdrawn from the sick leave bank I will be required to return the borrowed days from the bank after accumulating the required days.

In consideration of the benefits of participating the SLB, each applicant for membership in the SLB each applicant for membership in the SLB and for benefits from the SLB shall, as a condition so such application, agree in writing as follows:

"I specifically acknowledge and agree that participation in the SLB will follow the NASE Master Agreement. All decisions of the Sick Leave Bank Committee (SLBC) will be final and are binding and not subject to grievance. I further agree to abide by such decisions and indemnify and hold harmless the Northwestern Local School District, the Northwestern Association of School Employees, the Sick Leave Bank Committee, and all of their agents for any loss they may sustain as a result of any claim or legal proceedings I may bring against any of them with respect to a decision made by them concerning this application, any applications for withdrawal, and repayment of days borrowed from the SLB."

When an employee donates days to the SLB, he/she agrees to the above stated rules for administration of the SLB and agrees to abide by the stated rules.

This form must be returned to the Treasurer prior to October 31.

Signature

Date

I do not wish to participate in the Sick Leave Bank and fully understand that I will not be eligible for any benefits derived from this bank.

Signature

Date

Office Use

Initials

Two sick days deducted from balance. _____
Date