



Policy 3.9.2FR

**SICK LEAVE BANK CONTRIBUTION FORM –  
RETIRING TEACHER**

Effective: 7/1/2020

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I hereby request and authorize that \_\_\_\_\_ days be deducted from my sick leave allowance as a contribution to the District Sick Leave Bank.

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Signature

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Date

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School

This form must be submitted in duplicate prior to May 15<sup>th</sup> to the Sick Leave Bank Chairperson \_\_\_\_\_ at \_\_\_\_\_.

**OFFICE USE ONLY**

\_\_\_\_\_  
Date received

\_\_\_\_\_  
Central Office Controller

\_\_\_\_\_  
Date received

\_\_\_\_\_  
Committee Secretary