



Policy 3.9.4FR

# CATASTROPHIC LEAVE BANK CONTRIBUTION FORM

Effective: 7/1/2020

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I hereby request and authorize that one (1) day be deducted from my sick leave allowance as a contribution to the District Sick Leave Bank.

\_\_\_\_\_  
Name (Please print)

\_\_\_\_\_  
School

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

This form must be submitted prior to May 15th to the Sick Leave Bank Chairperson \_\_\_\_\_ at \_\_\_\_\_.

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## OFFICE USE ONLY

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

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

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

\_\_\_\_\_  
Committee Chairperson