**HECTOR SCHOOL DISTRICT**

Policy 3.9  
**CATASTROPHIC LEAVE BANK CONTRIBUTION**Effective: 7/1/2019

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

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Name (Please print) School

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 Signature Date   
  
  
  
This form must be submitted prior to October 31st to the Central Office.

OFFICE USE ONLY

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Date received Central Office

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Date received Committee Secretary