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**DAWSON EDUCATION COOPERATIVE
SICK LEAVE BANK MEMBERSHIP CONTRIBUTION FORM**

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

Employee Signature

Date

This form must be submitted prior to July 31,2017 to the Business Office

FOR OFFICE USE ONLY

ADMINISTRATIVE OFFICIAL

DATE RECEIVED