

Membership Application
Sick Leave Bank
Dayton Independent School District

A response is necessary only if an employee wishes to join.

I have read the rules and regulations concerning the Sick Leave Bank benefits and desire to participate by donating to the Bank three (3) of my accrued local sick leave days.

I understand that these three (3) days, once donated to the Bank to become a member, will be subtracted from my accrued local sick leave days available. All donations to the Bank become the property of the Bank and cannot be returned even upon cancellation of membership.

My authorization to place three (3) local sick leave days in the Dayton ISD Sick Leave Bank and deduct three (3) days from my accumulated sick leave is verified by my signature and the information below:

Employee: _____
(Please print full name)

Employee ID Number: _____

School/Department: _____ **Position:** _____

Length of Time Employed by DISD: Years: _____

Signature: _____ **Date:** _____

Please return this form to the Personnel Office