

Sick Leave Bank



Application to Jim Ned CISD Sick Leave Bank:

I, _____ (print name) , have familiarized myself with the Jim Ned CISD Sick Leave Bank, and wish to be a participant in it.

First time employees and employees that used the sick bank last school year will be required to donate **two of their local sick days** this school year. All current members are required to donate 1 day to the sick bank to replenish the days used and maintain membership.

Name

Date

Social Security Campus

Please sign and return to your **campus office**.