

**APPENDIX D**  
**SICK LEAVE BANK AUTHORIZATION**

*Full size form available on District Website*

I authorize the transfer of one day of my sick leave to the sick leave bank for the 2010-2011 school year.

NOTE: All provisions of Article XIV of the Agreement shall be observed. Submit no later than September 10<sup>th</sup>.

\_\_\_\_\_  
Employee Signature

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

\_\_\_\_\_  
Superintendent's Signature

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date