

APPENDIX F

SICK LEAVE BANK AUTHORIZATION

Form available on District Website

I authorize the transfer of one day of my sick leave to the sick leave bank for the 2011-2012 school year.

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

Employee Signature

____/____/____
Date

Superintendent's Signature

____/____/____
Date