SICK LEAVE BANK PROGRAM
SCHOOL DISTRICT OF INDIAN RIVER COUNTY

Non-Instructional Membership Application

EMPLOYEE'S NAME: _____EIN: _____SITE: _____

I hereby authorize the District School Board of Indian River County, Florida to deduct two (2) days of my personal sick leave as my initial enrollment in the Sick Leave Bank Program. I further authorize an additional two (2) days deduction at such time(s) as the Sick Leave Bank drops to 100 days.

I understand that such membership is voluntary and that such leave days donated to the bank will not be returned to me except as provided for under the School Board contractual agreements. I further understand that such membership is revocable upon thirty (30) days written notice to the District School Board Payroll Office.

_____ _____
EMPLOYEE'S SIGNATURE DATE

ARTICLE 18A – Membership
All full-time non-instructional employees of the School District of Indian River County who have been employed at least one (1) year and having accrued at least six (6) days of sick leave as of the date of application may enroll in the Sick Leave Bank Program. Interested employees may enroll by voluntarily contribution two (2) sick leave days to the bank during the established registration period. Initial enrollment in the Sick Leave Bank will take place during the month of November. Employees may not contribute more than two (2) sick leave days during any additional contribution period in that fiscal year. Sick leave days donated to the bank by employees will not be returned to employees except as here after provided.

Employee Copy

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Human Resources Copy

PLEASE RETURN THIS COPY TO: Mike Smeltzer, Human Resources