Goffstown Education Association

Sick Leave Bank Enrollment Form

**TO ENROLL AND BECOME ELIGIBILE**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **WILL** donate two (2) sick

 (PRINT NAME)

days to the Goffstown Education Association Sick Leave Bank.

By donating the two days, I will be eligible to use the Sick Leave Bank if I have no sick days and my illness fits the criteria.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(SIGN NAME) (DATE)

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**TO DECLINE ELIGIBILITY**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**DO NOT** want to donate (2)

 (PRINT NAME)

Sick days to the Goffstown Education Association Sick Leave Bank.

By **not** donating the two days, I will not be eligible to draw on the Sick Leave Bank if I am out of sick days.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (SIGN NAME) (DATE)

\_\_\_\_\_\_\_\_\_\_I am a new employee.

\_\_\_\_\_\_\_\_\_\_I do not have 10 days.

\_\_\_\_\_\_\_\_\_\_I do not wish to be part of the SLB.

**Established December 2014**

**School Board December 15, 2014**