## SUFFOLK PUBLIC SCHOOLS SICK LEAVE BANK MEMBERSHIP ELECTION ONE (1) DAY CONTRIBUTION REQUIRED

NAME:	
EMPLOYEE ID NUMBER:	
POSITION:	
SCHOOL/LOCATION:	
	YES, I wish to become of member of the Suffolk Public Schools Sick Leave Bank. I authorize the contribution of one (1) day of my accumulated sick leave to the bank. I have reviewed and understand the policy of the Sick Leave Bank.
	NO, I do not wish to become a member of the Suffolk Public Schools Sick Leave Bank.
SIGNATURE	DATE

NOTE: THIS FORM MUST BE RETURNED TO THE FINANCE DEPARTMENT NO LATER THAN OCTOBER 15TH.