

HUDSON PUBLIC SCHOOLS

CUSTODIAL SICK LEAVE BANK ENROLLMENT FORM

Pursuant to the Collective Bargaining agreement with the American Federation of State, County, and Municipal Employees “The sick bank is for the exclusive use of those members of the bargaining unit who have exhausted their accumulated and annual sick leave and who were enrolled in the bank.”

- I understand that I am eligible to join the bank only once per year, by September 1st, and failure to exercise my opportunity to enroll on or before that date shall mean that I must wait until the next September first in order to enroll.
- I understand that I must have a threshold figure of twenty (20) days accumulated sick leave as of July 1st, before becoming a “member”.
- I also understand that membership shall continue from year to year, unless I submit a written notice of withdrawal to the superintendent on or before Sept. 1st of any year.

Employee Name: _____
Please print

Location: *(Please check the box beside your location)*

- Administrative Office Farley Forest Mulready Quinn
- Hudson High School

I **voluntarily** wish to participate in the Hudson Public Schools Secretarial Sick Leave Bank and will email the Superintendent, Marco Rodrigues at mrodrigues@hudson.k12.ma.us and HR, Emily Osborne at enosborne@hudson.k12.ma.us that I **authorize the transfer or donation of two (2) days** of my annual sick leave in order to fund the bank and become a member.

I **do not** wish to participate in the Hudson Public Schools Secretarial Sick Leave Bank

Please send your completed forms to Emily Osborne, enosborne@hudson.k12.ma.us as well as send an email to Marco Rodrigues and Emily Osborne notifying your consent to donate and join the sick leave bank.