

HUDSON PUBLIC SCHHOLS

NON-CONTRACTUAL SICK LEAVE BANK ENROLLMENT FORM

Pursuant to School Committee Policy GDCAE “The creation of a ‘Sick Leave Bank’ for non-contractual employees is for the exclusive use of those members identified who have exhausted their accumulated and annual sick leave and who were enrolled in the ‘bank’.”

- a) I understand that membership shall continue from year to year, unless I submit a written notice of withdrawal to the Superintendent of Schools on or before September 1st of any year.
- b) I also understand that I am eligible to join the “bank” only once per year, on September 30th, and failure to exercise my opportunity to enroll on or before that date shall mean I must wait until the next September 30th in order to enroll.
- c) I hereby authorize Hudson Public Schools to reduce my sick leave balance by one (1) day to become a member of the Sick Leave Bank.
- d) I understand that my contribution to the Sick Leave bank is non-refundable.

Please complete the box below, sign the form and return to Human Resources:

<p>Employee Name: _____ <i>Please print</i></p> <p>Location: <i>(Please check the box beside your location)</i></p> <p><input type="checkbox"/> Administrative Office <input type="checkbox"/> Farley <input type="checkbox"/> Forest <input type="checkbox"/> Mulready <input type="checkbox"/> Quinn</p> <p><input type="checkbox"/> Hudson High School</p>

I **voluntarily** wish to participate in the Hudson Public Schools Non-Contractual Sick Leave Bank

I **do not** wish to participate in the Hudson Public Schools Non-Contractual Sick Leave Bank

Employee signature

_____/_____/_____
Date