

HUDSON EDUCATION SICK LEAVE BANK ENROLLMENT

AND

OPT OUT FORM

Employee Name: _____
Please print

Location:

Farley Forest Mulready Quinn Hudson High School

- I **do** wish to participate in the Hudson Education Association Sick Leave bank. I understand that my participation in the sick leave bank will remain in force until, or unless I complete an Opt Out Form during the contractual stated open enrollment period, for the following school year to which the change would apply. 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. I understand that my contribution to the Sick Leave bank is non-refundable.
- I **do not** wish to participate in the Hudson Education Association Sick Leave bank. If I change my mind, I understand that I may enroll during the open enrollment period for the following school year. I understand if I opt out of the Sick Leave Bank, I relinquish all rights to access the Sick Leave Bank, or any other voluntary staff donations of sick time, for any purpose.

Employee signature

_____/_____/_____
Date