

Donation Form: Sick Bank - Negotiated by
the NELEA Association negotiation team

Name: _____

Date: _____

School: _____

I understand that I am donating 2 days to the Sick Leave Bank. These days are non-returnable and I cannot make any designation as to the recipients. I also understand if the SLB needs another donation during the year, I must upon request of the committee, donate one additional day.

signature: _____

This is a bank, and the days that are borrowed will be paid back after you have accumulated 5 days.

Please note that when you run out of sick days and personal days- you will no longer be covered by insurance!!!!!! This makes the bank even more important than before. This bank was created by the association.

This is one of the services that are provided for you.