

APPENDIX D-1

ASHTABULA AREA CITY SCHOOLS  
SICK LEAVE BANK ENROLLMENT

NAME: \_\_\_\_\_ EMPLOYEE NUMBER: \_\_\_\_\_

SCHOOL TO WHICH ASSIGNED: \_\_\_\_\_

\_\_\_\_\_ I elect to participate in the AATA Sick Leave Bank during the \_\_\_\_\_ school year. I authorize the AACS to transfer two (2) days to the sick leave bank from my accumulated sick leave.

\_\_\_\_\_ I do not elect to participate in the AATA Sick Leave Bank during the \_\_\_\_\_ school year. I acknowledge that if I desire to join the Sick Leave Bank after September 20, \_\_\_\_\_ I may elect to join on the first instructional day of any subsequent school year but will not be eligible for benefits from the bank until the first instructional day of the next school year.

Employee Signature \_\_\_\_\_ Date

RETURN THIS FORM TO THE OFFICE OF THE AACS SUPERINTENDENT