

ASHTABULA AREA CITY SCHOOLS
SICK LEAVE BANK ENROLLMENT

NAME: _____ EMPLOYEE NUMBER: _____

SCHOOL TO WHICH ASSIGNED: _____

_____ I elect to participate in the AACSE Sick Leave Bank during the _____ school year. I authorize the AACSE to transfer the equivalent number of hours equal to two (2) days to the sick leave bank from my accumulated sick leave.

_____ I do not elect to participate in the AACSE 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 from August 20 to September 20 of any subsequent school year but will not be eligible for benefits from the bank until I have contributed.

Employee Signature _____ Date _____

RETURN THIS FORM TO THE OFFICE OF THE AACSE SUPERINTENDENT