



Lamesa Independent School District
Every Student Every Day

Sick Bank Opt-Out Form

Name: _____ Work Location: _____

I decline membership in the LISD Sick Leave Bank. I understand that I have thirty (30) days from the beginning of school or hire date to opt out of the Sick Leave Bank. I understand that if I opt out within the above specified number of days, my Sick Leave Bank donation will be reinstated into my earned and available **Local** sick leave balances.

I understand that if I miss the 30-day period to opt out of the sick leave bank, I can elect to end my membership at any time, but my donation of sick leave **will not** be returned to my sick leave balances.

I understand that I cannot rejoin the sick leave bank until next open enrollment dates become available. My donation will be governed by the rules and regulations in place at the time I join.

Employee Signature

Date