



Jefferson Parish School Board
Sick Leave Bank Membership Application Form

**This original form must be completed and returned to the Office of Human Resources
no later than Wednesday, October 31, 2018**

Please select from the following:

- Teacher or other School Based Certificated Employee
- Bus Driver
- Other

Employee Name (Last, First):

Employee ID:

School/Location:

Phone #:

Position Title:

Address:

City, State, Zip:

I have read the guidelines regarding the Sick Leave Bank and agree to donate one (1) day of my allotted sick leave days to the Sick Leave Bank. I also understand the provisions governing contributions and the use of the Sick Leave Bank as noted in the November 7, 2012 adopted board policy.

This form must be completed, signed, and returned to Human Resources no later than October 31, 2018. Employees who submit forms after the October 31, 2018 deadline are not eligible to participate until the next Annual Open Enrollment period in October, 2019.

My signature on this Sick Leave Bank Membership form indicates that I authorize Human Resources to disclose my leave history to the Superintendent. I also authorize my health care professional to discuss medical information, including diagnosis and physical capabilities, with the Chief of Human Resources and the Superintendent. I agree to be seen by a second physician if requested by the Chief Officer of Human Resources or the Superintendent.

I understand that membership in the Sick Leave Bank will be effective for one year and I can cancel my membership at any time. I also understand that donations to the Sick Leave Bank are non-refundable and that my membership depends on the availability of the required donation of one (1) day of sick leave.

- I wish to **enroll** in the Sick Leave Bank

Employee Signature:

Date:

- I wish to **cancel** my membership in the Sick Leave Bank

Employee Signature:

Date: