

**Union Township Public School District/Union Township
Education Association Sick Leave Enrollment Form**

Name _____ Employee Number _____
(Found in AESOP and on your paystub)

Home Address _____

City, State, Zip _____

Home Phone (_____) _____ Cell Phone _____

School/Location _____

School Phone _____

E-mail: Work _____ Home _____

Date of hire ____/____/____

I have read and am aware of all conditions of the Union Township Public School Sick Leave Bank and Sick Leave Bank Guidelines. Each member who joins the Sick Leave Bank shall initially contribute one (1) sick day from his/her accumulated sick leave. Once contributed, sick days shall not be returned. By my signature below, I am applying for membership and authorizing contribution of days. I understand that I will remain enrolled in the program, and contribute one day per year. In order to ease membership, I must notify the committee in writing.

Signature of applicant _____

Application Date _____

Please email completed form to: sickbank@twpunionschools.org

OFFICE USE ONLY

Date of hire ____/____/____

Number of accumulated days (as per Human Resources) _____

As of (date) _____

Sick Bank enrollment date _____

Notes: _____