ita
CTA/nea

CATASTROPHIC SICK LEAVE BANK

◆ CONTRIBUTION FORM ◆

CONTRIBUTION CONDITIONS

1. The initial contribution by each participating ITA Bargaining Unit Member shall be **one (1) day** of sick leave.

   Note: In the event that the number of days in the Bank drops below forty (40), existing participants will be automatically assessed an additional day unless the unit member informs the Committee in writing that s/he desires to cancel participation in the Bank.

2. Catastrophic Leave Bank participants must use all sick leave, and twenty (20) days of differential leave before being eligible for a withdrawal from the Bank.

3. Please **return** this form **to** the **Human Resources Department** no later than the close of business on **October 31, 2018**.

Print
Name: _____ _____ _____
Last First M.I.

Street Address: _____

City/State/Zip: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email Address: _____

Site/Location: _____

NUMBER OF DAYS YOU WISH TO DONATE: _____ *(Recommendation: 1 day)*

I understand that:

- ***donated day(s) shall be credited to the Catastrophic Sick Leave Bank to be used by catastrophically ill or injured ITA Bargaining Unit Members who meet the criteria outlined in the agreement between ITA and IUSD.***
- ***my donation to the Catastrophic Sick Leave Bank establishes my eligibility to withdraw from the Bank in the event that I qualify under the terms of the Agreement between ITA and IUSD.***
- ***all donations are irrevocable unless the Catastrophic Leave Bank is terminated for any reason, at which time the days remaining in the Catastrophic Leave Bank shall be proportionately returned to the then current members of the Bank.***

_____ _____
Signature Date