

Signature

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 <u>return</u> this form <u>to</u> the <u>Human Resources Department</u> no later than the close of business on October 29, 2021.

Print		
Name:	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:	(Recommendatio	n: 1 day)
I understand that:		
 donated day(s) shall be credited to the catastrophically ill or injured ITA Bargaini in the agreement between ITA and IUSD. 		
 my donation to the Catastrophic Sick Le from the Bank in the event that I qualify un IUSD. 		•
all donations are irrevocable unless the reason, at which time the days remain proportionately returned to the then curre	ing in the Catastrophic Leave	

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Date