



St. Bernard Parish School Board Sick Leave Bank Membership Application



This form must be completed and returned to Central Office no later than June 10

Employee Name (Last, First)

Employee ID Number

Last Four Digits of Social Security No.

Phone Number

School / Location

Position / Title

Street Address

City, State, Zip

I have read the policy regarding the St. Bernard Parish School Board's Sick Leave Bank and agree to donate two (2) days from my accrued balances to the Sick Leave Bank. I also understand the provisions governing contributions and the use of the Sick Bank as noted in the Article 17 of the Agreement between St. Bernard Association of Education and St. Bernard Parish School Board dated August 25, 2015 – June 30, 2019.

This form must be completed, signed, and returned to the Central Office no later than June 10 to be eligible for membership in the Sick Leave Bank in the upcoming school year (July 1 – June 30). Employees who submit forms after June 10 are not eligible to participate until the next Annual Open Enrollment Period in the following year.

My signature on this form authorizes the Personnel Dept. to disclose my leave history to the Sick Leave Bank Administrators. I also authorize my health care professional to discuss medical information including diagnosis and physical capabilities with the Supervisor of Personnel and the Superintendent. I also agree to a second medical opinion if requested by the Supervisor of Personnel and the Superintendent.

I understand that donations to the Sick Leave Bank are non-refundable and that my membership depends on the availability of the required donation of two (2) days of sick leave or two (2) vacation days or a combination of both.

- I wish to enroll in the Sick Leave Bank and contribute (Please select one):
- Two (2) Sick Days or
 - Two (2) Vacation Days or
 - One (1) Sick Day and One (1) Vacation Day

Employee Signature

Date