

VOLUNTARY SICK LEAVE BANK (SLB)  
CONTRIBUTION FORM

Submit Completed form to Bookkeeper no later than October 1<sup>st</sup>.

Name: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
(Last) (First) (Middle)

Address: \_\_\_\_\_  
(No & Street) (City) (Zip)

School: \_\_\_\_\_

I hereby voluntarily contribute \_\_\_\_\_ day(s) of my general leave to the Voluntary Sick Leave Bank. I have read Administrative Guidelines 502.4 Sick Leave Bank Procedures for Certified Personnel and understand the written provisions and procedures that were developed by the Sick Leave Bank Committee, and agree to observe and abide by all stipulations that are found therein.

I further agree to indemnify and hold harmless The Johnson County Special Services Education Association and all the agents in the operation and outcome of the Voluntary Sick Leave Bank.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

To: \_\_\_\_\_ Date: \_\_\_\_\_  
(Employee's Name)

From: Sick Leave Bank Committee

On \_\_\_\_\_, \_\_\_\_\_ day(s) was/were deducted from your general leave and contributed to the Voluntary Sick Leave Bank.

Form: SLB 1