



Administrator/Confidential Staff Members Sick Leave Bank Participation Form

I elect to participate in the Salem-Keizer School District Licensed sick Leave Bank and do hereby irrevocably authorize and contribute ____ hours (8 to 40) ay of my accumulated sick leave to the Sick Leave Bank.

Date _____ Signature _____

Please print the following:

Name: _____

Social Security No. _____ Work Location: _____

- New Hire (within 30 days of start date)
- Open Enrollment period (return no later than September 31)

Please return to Employee Programs and Benefits

Distribution: White – Payroll Yellow – Employee
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