

REDLANDS UNIFIED SCHOOL DISTRICT

CLASSIFIED SICK LEAVE BANK DEPOSIT

**PLEASE NOTE: SUBMIT ALL COPIES OF THIS FORM TO THE HUMAN RESOURCES OFFICE.
DISTRIBUTION WILL BE MADE AFTER APPROVAL.**

_____ As a classified unit member, I wish to contribute _____ days to the Classified Sick Leave Bank. I understand the hours will be distributed as described in the negotiated contract and that this donation is irrevocable. (A minimum of 5 days of the annual allotment must be maintained in order to participate.)

Unit Member's Signature

Location

Date

Employee's Name (Please Print)

Work Hours Per Day

Position

Social Security Number

Approved

Disapproved

Human Resources Office

Date

Approved

Disapproved

Attendance Office

Date

Approved

Disapproved

Committee

Date

Distribution:
CSA:avg 3/07

White: Employee Attendance
FORMS/slbd

Yellow: Association

Pink: Employee

Gold: Human Resources