

REDLANDS UNIFIED SCHOOL DISTRICT

CERTIFICATED 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 certificated unit member, I wish to contribute _____ days to the Certificated Sick Leave Bank. I understand the hours will be distributed as described in the negotiated contract and that this donation is irrevocable. (Minimum of 5 days must be contributed in order to participate.)

Unit Member's Signature

Location

Date

Employee's Name (Please Print)

Social Security Number

Approved

Disapproved

Human Resources Office

Date

Approved

Disapproved

Attendance Office

Date

Approved

Disapproved

Committee

Date

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CSA:avg 9/01

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FORMS/SLBDCE

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