



**SICK LEAVE SHARING BANK  
ENROLLMENT FORM**

Name: \_\_\_\_\_  
First MI Last

Site: \_\_\_\_\_ Position: \_\_\_\_\_ Employee ID \_\_\_\_\_

**ACCEPT ENROLLMENT**

In accordance with Board Policy 5310, I request to be a participant in the Sick Leave Sharing Bank. I understand that as a full time employee, I may enroll by donating one (1) sick leave day to the bank.

I understand that membership in the Sick Leave Sharing Bank is for the academic year (July 1 -June 30) and I will be eligible to access days after being a member for one (1) year.

**DECLINE ENROLLMENT**

I have been given the opportunity to participate in the Sick Leave Sharing Bank; however, at this time I do not wish to enroll.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Additional information regarding the sick leave sharing bank is below. Refer to Board Policy 5310 for complete details.

**BANK GUIDELINES**

The minimum number of days in the sick leave sharing bank shall be one hundred (100). Should the number of days drop below this minimum, each member shall be required to contribute another day in order to remain a member. The maximum amount of days a member will be asked to contribute in a year will be limited to two (2) days. Any member who has no sick leave days accumulated when these days are assessed may remain a member for the remainder of the current school year and shall contribute two (2) days at the beginning of the next school year.

Days contributed or assessed become the property of the sick leave sharing bank and no longer count toward the individual member's accumulated or current sick leave.

Only qualifying members of the sick leave sharing bank may receive donations under this policy.

During his/her lifetime employment with the District, the employee shall be limited to the equivalent of two (2) requests from the sick leave sharing bank.

Employees that have previously used their limit of two (2) sick day donation requests will not be eligible to join the sick leave sharing bank.

Days cannot be used from the sick leave sharing bank until an employee exhausts all earned sick leave pursuant to Okla. Stat. tit. 70, § 6-104.

Donations from the sick leave sharing bank will not be permitted for employees who have been released to work for any portion of the work day.

**USE OF DAYS**

The number of days granted per request shall be based on the following tier system:

- |                                    |                    |
|------------------------------------|--------------------|
| 0-1 year of sick bank membership:  | Does not qualify   |
| 1-4 years of sick bank membership: | Maximum of 30 days |
| 5+ years of sick bank membership:  | Maximum of 60 days |

For HR Use Only:

Date Received: \_\_\_\_\_  
 Enrollment Date: \_\_\_\_\_

Sick Leave Balance: \_\_\_\_\_  
 Eligibility Date: \_\_\_\_\_

Request Approved

Request Denied

Part-time

Low sick balance – Could not contribute

Limit of 2 requests per lifetime employment reached

Other \_\_\_\_\_

\_\_\_\_\_  
Human Resources Signature

\_\_\_\_\_  
Date