

# Altoona Area Education Association Sick Leave Bank Enrollment Form

In consideration of the Sick Leave Bank agreed upon between the Altoona Area Education Association and the Altoona Area School District, I hereby donate one (1) day per year for the next three (3) years for a total of three (3) days of my accumulated sick days to the Sick Leave Bank.

I fully understand that participation in the Sick Leave Bank is voluntary and only participating members may benefit from the Program.

I further understand that this donation will not affect my perfect attendance incentives.

I hereby fully waive and release all of my rights to the use of said donated sick days during my employment with this or any other school district, and that this donation is irrevocable.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 201\_\_\_\_.

\_\_\_\_\_  
Printed Name of AAEA Member

\_\_\_\_\_  
Printed Name of Witness

\_\_\_\_\_  
Signature of AAEA Member

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Building

\_\_\_\_\_  
Employee ID #

This form must be sent to the AAEA Office during the enrollment period, which is from the first day of school until the last day of September each year.