

Gresham-Barlow School District

VOLUNTARY DONATION OF SICK LEAVE TO SICK LEAVE BANK

In order to help my fellow colleagues, I wish to participate in the sick leave bank. My signature indicates my authorization to donate 1/2 day of my sick leave accumulation (4 hours) to the sick leave bank with the understanding that this donation is irrevocable, that is, it will not be reinstated and will not be reported for PERS (retirement) calculations.

Printed Name

PEID/Access ID Number

Signature

Date



School

PLEASE RETURN THIS FORM TO YOUR BUILDING REP BY OCTOBER 31, 2007.

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