

Eagle Mountain-Saginaw Independent School District Sick Leave Bank Membership Application

A response is only necessary if an employee desires to join.

I have read the rules and regulation concerning the Sick Leave Bank benefits and desire to participate by donating to the Bank (please check all that apply):

_____ two (2) days of my accrued, or to be earned sick leave days.

_____ one (1) additional day (in case of immediate family illness/injury).

(Guidelines are located at www.emsisd.com)

I understand that these days, once donated to the Bank to become a member, will be subtracted from my accrued, or to be accrued this year. All donations to the Bank become the property of the Bank and cannot be returned even upon cancellation of membership.

I further understand that should I be absent from work and exceed the number of sick leave days remaining available for the current year, the sick leave policy will be in effect.

My authorization to place two (2) or (3) days in the Eagle Mountain Saginaw ISD Sick Leave Bank and delete from my available sick leave days is verified by the signature below:

Employee (please print): _____

Date: _____

Campus/Department: _____ **Position:** _____

Signature: _____

Social Security#: _____

Membership in the Eagle Mountain-Saginaw ISD Sick Leave Bank is available to all current employees.

New Hires have 30 days from hire date to join Sick Bank

Open Enrollment for Current Employees is every September 1st

Please submit completed form to the EMS-ISD Payroll Department