



Sick Bank Authorization 2025-2026

I, _____, a teacher in the Rochester School District do hereby authorize the deposit into the Rochester Federation of Teachers' SICK LEAVE BANK, one (1) sick leave day from my accumulated days for the school year __2025-2026_____.

I further authorize one (1) sick leave day from my accumulation should the Sick Bank reach a time when members need to donate another day to refill the bank. I understand that I will be notified by the federation should this situation occur.

My membership in the Sick Bank will be maintained as stated above until such time as I revoke this authorization in writing to the federation.

I understand all provisions of the Master Agreement under Article IV (B), Sick Leave Bank shall apply to my membership in the use of the Sick Bank.

Signature

Date

**ONCE COMPLETED, THIS FORM MUST BE SENT DIRECTLY TO THE
FEDERATION TREASURER.**



Sick Bank Authorization 2025-2026

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