NASE Sick Leave Bank
Enrollment/Change Form

Please keep a copy for your records and return the original form to Human Resources, Memorial Hall. Forms must be returned by November 1st to opt out/un-enroll from the Sick Bank.

Name: _____

- Initial opt out within the first ninety days of eligibility.
- Late un-enrollment is any time after initial eligibility.

Initial Opt-Out: Complete this Section if you are being hired and want to opt-out.

I understand that I will automatically become a member of the Sick Leave Bank in my first 90 days of employment provided I have accrued two days of sick time. I understand that 2 sick days will be deducted from my accrual bank and donated to the Sick Leave Bank upon my initial enrollment.

My annual donation to the Sick Leave Bank will be one day per school year unless otherwise indicated by the contract (some years there isn't a deduction) . I can end my membership in the Sick Leave Bank by completing an Enrollment Change Form and submitting it to Human Resources by November 1st of the year I decline enrollment.

☐ I would like to opt out of the Sick Leave Bank.

Un-enrollment: Complete this Section by Nov. 1st if you are a member of the Sick Leave Bank and Want to unenroll from your participation.

I can end my participation in the Sick Leave Bank by submitting this form to Human Resources by November 1st. I understand that I cannot re-enroll during the same school year that I end my enrollment

☐ I am choosing to end my participation in the Sick Leave Bank.

☐ I would like to re-enroll after ending my participation during the _____ school year.

☐ I understand that I may be assessed any unpaid sick days at the time I opt-out that I was required to be assessed under my applicable Collective Bargaining Agreement.

Late Enrollment: Complete this Section and return it to HR on or before Nov. 1 if you were not eligible for automatic enrollment last school year (you did not have 2 days of sick time accrued in your first 90 days) or you are opting-in after opting-out.

☐ I am choosing to opt-in to participate in the Sick Leave Bank.

☐ I understand that my initial donation to the Bank must equal the total number of days that I would have donated through the years had I joined when first eligible. If I do not have enough accrued days to contribute to the Bank, I will be assessed as soon as they are accrued and I will not be eligible to opt-in until I am in a school year I have enough sick days to donate.

Signature:

_____

Date

HR Department Determination: _____

_____

_____

Date

Updated 8/12/2022 GS