NORFORK SCHOOL DISTRICT
SICK BANK CONTRACT

I, _____, agree with the terms of the Sick Bank Policy and would like to enroll by donating one sick day each year. This will be a continuous agreement until I notify in writing I want to terminate participation. To terminate my participation I must notify the Office of the Superintendent before Oct. 15th of the new school year.

I, _____, do not wish to participate in the Sick Bank and I understand that transferring sick days to one another is no longer an acceptable practice at this school district.

Employee Signature: _____

Date: _____

Please return to the Superintendent's Office.