



**New staff may join the bank within thirty (30) days of employment by completing this form and donating to days of personal sick leave to the bank.**

1. The illness must be prolonged and incapacitating.
2. Only illnesses of the Unit 1 employee are covered by the Sick Leave Bank.
3. The Sick Leave Bank Request Form and the Physician's Statement must be completed by the employee/patient and attending physician and submitted to the Washington County Teachers Association.

## INSTRUCTIONS

Name \_\_\_\_\_ Today's Date \_\_\_\_\_

LAST FIRST MIDDLE

Address				
Number	Street	City	State	Zip
100	1st St	San Francisco	CA	94104

School \_\_\_\_\_ Position \_\_\_\_\_

Employee ID Number \_\_\_\_\_

*Employment Status (Check One)*

☐ New Employee      Date of Employment \_\_\_\_\_☐ Return from leave      Type of Leave

### CONTRIBUTION:

☐ As a Unit I member, I contribute two days to the Sick Leave Bank for the current year. I further authorize the Board of Education to make such future contributions to the Bank as the Bank deems necessary and appropriate, subject to my right to cancel such donations and thereby withdraw from the Bank, by written notice to the Bank within ten (10) days of my receipt of notification from the Bank of its intention to require additional contributions.

☐ I am not a member of WCTA and agree to pay the annual SLB fee & contribute the days required for initial membership.

☐ I am a new or current member of WCTA & agree to contribute \_\_\_\_\_ days required for initial membership.

## Received &amp; Processed

Date \_\_\_\_\_

Digital Form, 1/2026