IGNITING HEARTS AND MINDS

Garfield School District

145 East Center • P.O. Box 398 Panguitch Utah 84759 • phone (435) 676-8821 • fax (435) 676-8266

TO EMPOWER AND MOTIVATE LIFELONG LEARNERS

FY18 Sick Leave Bank Enrollment Application

Employee Name: _____
Printed

School:_____

I do hereby authorize one day (8 hours) of my sick leave to be contributed to the Garfield County School District Sick Leave Bank for the school-year ending June 30, 2018. I understand that once contributed, the day cannot be withdrawn.

I understand that should a catastrophic event occur, I may request up to 60 Sick Bank Days per catastrophic event only if I am a contributing member for the current fiscal year. By donating a day, I am entitled to one year of participation, through June 30, 2018, should the need arise, and upon application approval. Other information is available within Board Policy DHDA.

_____
Employee Signature Date

_____
Supervisor Date

For office use only:

Sufficient hours available for donation:

_____
Payroll Manager Date