



SICK BANK WAIVER FORM

Sign the appropriate section below. Please do not sign both. Please do not detach

To the Board of Education:

I **DO** wish to enroll myself in the PPSTA Sick Bank Leave Bank now.

I hereby authorize you, per the Sick Bank provision contained in the PPSTA contract, to deduct from my sick leave one day to be credited in my name to the PSTA Sick Leave Bank.

I hereby waive all right and claim to said sick leave. This waiver allows my participation in the Sick Leave Bank per the PPSTA contact between the Poughkeepsie Board of Education and the Poughkeepsie Public School Teachers' Association (PPSTA). Should the Sick Leave Bank be renewed, I authorize you to deduct additional days as set forth in this contract.

The waiver shall be in force and effective until I leave the District or until withdrawn by written notice to the Sick Bank Leave Committee.

Name: _____ School: _____

Signature: _____ Date: _____

Employee #: _____ Effective date of employment: _____

To the Board of Education:

Being fully aware of the many benefits of PPSTA Sick Leave Bank membership, and being fully aware that enrollment may not be open to me for several years, I **DO NOT** wish to enroll myself in the PPSTA Sick Bank Leave Bank now.

Name: _____ Signature: _____

Date: _____ School: _____

Return completed form to: PPSTA OFFICE – Sick Bank Coordinator

Date Received by HR: _____ Date time taken: _____

Processed by: _____