



POUGHKEEPSIE PUBLIC SCHOOL TEACHERS' ASSOCIATION

40 Garden Street, Suite 207
Poughkeepsie, New York 12601
officesecretary@ppsta.org
Office 845.471.33 Fax 845.471.6793

SICK BANK WAIVER FORM

Please follow these directions:

1. **Sign the appropriate section below**
2. **Do not sign both**
3. **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 PPSTA 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 contract 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The waiver shall be enforced and effective until I leave the district or until withdrawn by written notice to the Sick Bank Leave Committee.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:

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

Name: _____ Signature: _____

Date: _____ School: _____

Return completed form to: PPSTA OFFICE - Sick Bank Coordinator

.....
Date Recieved by HR: _____ Date time taken: _____

Processed by: _____