



## 2024-2025

### Sick Leave Bank Application for Nurses ONLY

Name: \_\_\_\_\_ Employee ID# \_\_\_\_\_

Position: \_\_\_\_\_ Location: \_\_\_\_\_

#### Membership Requirements:

- **Must donate two (2) compensable days**
- **Maximum withdrawal may not exceed 50% of the membership**

**I understand that joining the sick bank requires a donation of two (2) compensable days.**

I wish to join the Sick Leave Bank

I wish to drop out of the Sick Leave Bank  
**(Previously donated days are not returned)**

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

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**Employee: Please return this form to the Human Resources Department by,  
September 30, 2024. Send to [benefits@hazelwoodschoools.org](mailto:benefits@hazelwoodschoools.org)**

**\*\*\*\*\*Office use only\*\*\*\*\***

Membership Approved

Membership Denied due to: \_\_\_\_\_