

ESP Unit

SCHOOL: _____

September 2, 2016

Dear _____,

You are eligible to join the ESP Sick Bank this year. If you wish to join, please complete the form below and return it to your **MEA Executive Board Member**, or Sally Marples **NO LATER THAN FRIDAY, October 7, 2016**. This is the only opportunity you will have to sign up to be eligible to participate in the ESP SICK LEAVE BANK for the 2016-2017 school year. No additional participants will be allowed after this date. **After your initial enrollment you will not be required to submit a form each year. You will automatically have one day deducted each year WHEN NEEDED. To end you enrollment in the Sick Bank in future years, you need to submit a letter to withdraw.**



MARSHFIELD EDUCATION ASSOCIATION

SICK LEAVE BANK ENROLLMENT FORM for EDUCATIONAL SUPPORT PERSONNEL who are employed twenty (20) on more hours per week.

RE: ARTICLE XI of the EDUCATIONAL SUPPORT PERSONNEL AGREEMENT

TO: THE ESP SICK LEAVE BANK COMMITTEE

FROM:

(Print) _____

(Sign) _____

SCHOOL: _____ Date: _____

Pursuant to Article XI of the ESP AGREEMENT between the Marshfield Education Association and the Marshfield School Committee, I do hereby voluntarily donate one sick day to which I am entitled to the SICK LEAVE BANK to be used at the discretion of the Sick Leave Bank Committee. I understand that this day will be deducted from my sick time, thereby reducing my total amount of sick days available by one day.

Furthermore, I understand that any and all donations to the SICK LEAVE BANK are voluntary and, once made, may not be revoked. I further understand that only those who deposit into the ESP Sick Leave Bank, and have **twenty (20) days of accumulated sick leave** at the beginning of the school year in which the request is made, may be permitted to request a withdrawal from the bank during this school year.