

TEACHER Unit

SCHOOL: _____

September 2, 2016

If you are eligible to join the Teacher Sick Bank this year and 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, 2017**. This is the only opportunity you will have to sign up to be eligible to participate in the Teachers' 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. To end your 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 TEACHERS AND NURSES with at least one year of employment in the Marshfield Public Schools.

RE: ARTICLE 15.9 of the MASTER AGREEMENT

TO: THE SICK LEAVE BANK COMMITTEE

FROM:

(Print) _____

(Sign) _____

SCHOOL: _____

Date: _____

Pursuant to Article 15.9 of the MASTER 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 Sick Leave Bank, may be permitted to request a withdrawal from the bank during this school year.