

**WASHOE EDUCATION ASSOCIATION
AND
WASHOE COUNTY SCHOOL DISTRICT**

SICK LEAVE BANK PARTICIPATION/AUTHORIZATION

I understand that in order for me to participate in the Sick Leave Bank for licensed personnel, I must be an employee covered by the Negotiated Agreement between the Washoe Education Association and the Washoe County School District.

I hereby authorize the Washoe County School District Human Resources Department to transfer one (1) day of my sick leave to the Washoe Education Association Sick Leave Bank.

I understand that my participation will automatically continue from year-to-year unless I notify the WEA Sick Leave Bank Committee in writing of my intent to withdraw during the first five weeks of my school calendar.

In the event I withdraw, I understand that the sick leave days I have donated will not be reinstated to me.

I also understand that if the Sick Leave Bank ever falls below **600** days, at the end of the fiscal year, the Association will inform the participants of a needed assessment. Such assessment will automatically take place at the earliest date in the next school year. I will have the opportunity to withdraw prior to any special assessment.

Please forward this form to the Washoe Education Association Sick Leave Bank Committee located at 1890 Donald Street, Reno, NV 89502 or through inter-school mail. **PLEASE DO NOT SEND THIS FORM TO THE HUMAN RESOURCES DEPT. OF THE WCSD.**

NAME (PLEASE PRINT) **SIGNATURE**

EMPLOYEE'S SCHOOL/LOCATION **DATE**

SOCIAL SECURITY NUMBER

PERSONNEL USE ONLY

LICENSED PERSONNEL YES ___ NO ___

SICK LEAVE AVAILABLE YES ___ NO ___

I.D. NUMBER _____

LOCATION _____

PART TIME/FULL TIME _____