

**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 I will donate one (1) day every year, normally in February. If the balance in the SLB is more than twice the usage of the previous year, however, there will not be a deduction taken out in a school year.

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.**

***Forms are due to WEA by the end of the fifth week of each school year.***

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NAME (PLEASE PRINT)

SIGNATURE

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EMPLOYEE'S SCHOOL/LOCATION

DATE

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**PERSONNEL USE ONLY**

LICENSED PERSONNEL      YES \_\_\_ NO \_\_\_

SICK LEAVE AVAILABLE      YES \_\_\_ NO \_\_\_

LOCATION \_\_\_\_\_

PART TIME/FULL TIME \_\_\_\_\_