

# SARANAC TEACHERS' ASSOCIATION SICK LEAVE BANK

## ENROLLMENT FORM

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Building: \_\_\_\_\_ Date of this Enrollment: \_\_\_\_\_

I, \_\_\_\_\_, hereby authorize the transfer of two days of my accumulated leave to the Saranac Teachers' Association Sick Leave Bank, as outlined in **Article XXIV, Section 5.c** of the Agreement between the Saranac Teachers' Association and the Saranac Central School District. I certify that I meet one or both of the following eligibility requirements:

\_\_\_\_\_ I hold Tenure in this District.

\_\_\_\_\_ I possess at least 40 days of accumulated leave (at the time of this request).

**~Please return the completed form to Amber Parrotte at the District Office.~**

Signature: \_\_\_\_\_