



Somerset Public Schools
Somerset Berkley Regional School District
All Students Achieving Excellence

SICK LEAVE BANK ENROLLMENT FORM

The Sick Leave Bank provides assistance to employees who have exhausted their own sick leave and have extended illness or injury. Donations are recommended by the respective Sick Leave Bank Committee. I also understand that if I do not contribute days, I cannot request or be granted days from the Sick Leave Bank.

Name: _____ **Date of Hire:** _____

Address: _____

Work Location: _____ **Job Title:** _____

Home Phone :(____) _____ **Work Phone:** (____) _____

As an employee, I wish to donate the current assessment to the appropriate Sick Leave Bank.

Signature of Member: _____ **Date:** _____