

**CECIL COUNTY PUBLIC SCHOOLS**  
**Sick Leave Bank Contribution Authorization**

**Administrators & Supervisors**

**CCCTA**

**Supporting Services**

All members of the Administrators and Supervisors Unit and CCCTA Unit, as well as all full-time members of the Supporting Services Unit, are eligible to contribute to a Sick Leave Bank. The Sick Leave Bank Rules of Procedure are included with this form.

You may authorize a contribution of earned unused sick leave at the rate specified in the negotiated agreement per school year to the Sick Leave Bank. Your authorization continues from year to year unless cancelled, in writing, to the Payroll Department. Continuous authorization means that you will contribute the appropriate allocation of earned, unused sick leave each school year.

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**CONTINUOUS AUTHORIZATION**

I wish to join the Sick Leave Bank, and I authorize a contribution of my unused, earned sick leave at the rate specified in the Negotiated Agreement as of the initial enrollment date and as of October 1, of each year to the Sick Leave Bank. I understand that the allocation of sick leave I contribute each year and the total number of sick leave days I will contribute to the Sick Leave Bank over a period of years will not be returned to me or available unless I am granted days through the Sick Leave Bank. Nor will those days be returned to me for any purpose. This authorization will continue from year to year unless canceled by me in writing to the Payroll Department.

\_\_\_\_\_

Printed Name

\_\_\_\_\_

Signature

\_\_\_\_\_

Employee ID Number

\_\_\_\_\_

Date

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**DECLINATION**

I decline the opportunity to join the Sick Leave Bank at this time. I understand that if I decide to join at a later date, I will only be allowed to enroll between the periods of July 1 – October 1, each year by completing a NEW Sick Leave Bank Contribution Form. I also understand there will be a waiting period of one year before I may apply for a grant of days from the Sick Leave Bank, as stated in the rules.

\_\_\_\_\_

Printed Name

\_\_\_\_\_

Signature

\_\_\_\_\_

Employee ID Number

\_\_\_\_\_

Date