



SICK BANK DONATION FORM

AS PER THE TEACHER CONTRACT, I _____
Please print your name

ELECT TO PARTICIPATE IN THE SICK BANK FOR THE 2025/2026 SCHOOL YEAR. PLEASE DEDUCT ONE SICK DAY FROM MY ALLOCATION.

I UNDERSTAND THAT THIS DONATION IS IRREVOCABLE AND THAT THE SICK DAY DONATED IS NON-REFUNDABLE.

Teacher (signature)

Witness (signature)

Date

To be eligible to use days from the Sick Bank, the Association Member must have elected to participate in the Sick Bank by September 1st of the year in which application has been made. First year members of the bargaining unit are not eligible to participate in the Sick Bank.

Please return this completed form to Keri Reddington by September 1, 2025.