

## Interoffice Memo

**To:** New Personnel  
**From:** Tricia Berry, District Bookkeeper  
**Re:** Sick Leave Bank

Attached is a copy of the policy governing the sick leave bank which was established to assist personnel during difficult times of illness.

You may join the sick leave bank at the time of your hire. If you decide not to join at this time, you have the opportunity again at the beginning of each new school year. Your authorization is necessary before you can be enrolled in the sick leave bank since it includes a three-day reduction of your sick leave allocation. Please check whether or not you wish to join the sick bank and return this form to the Central Office.

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I DO wish to join the sick leave bank, have read the policy under which it operates, and authorize the Central Office to deduct three (3) days from my sick leave allocation for 2008-2009 to deposit in the sick leave bank.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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I DO NOT wish to join the sick leave bank at this time. I understand that I will not have this opportunity to join again until the next school year.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date