

LAMAR CONSOLIDATED INDEPENDENT SCHOOL DISTRICT SICK LEAVE BANK MEMBERSHIP ENROLLMENT FORM

Open enrollment for membership is held twice a year. The first enrollment is September 1st through October 14th, the second enrollment will be held January 3rd through February 15th.

Please return your completed enrollment form to benefits@lcisd.org.

The purpose of the Sick Leave Bank is to provide additional sick leave days to members of the sick leave bank in the event of the extended absence for major physical disabilities due to an extended catastrophic illness or injury. Sick leave bank days are also available to the District employee if such conditions are experienced by his/her immediate family member(s). A member of the bank is an employee who has been employed for 12 months, considered full time, and benefit-eligible employee who agrees, in writing, to contribute one earned local sick leave day per year for three consecutive years. All members must meet all of the requirements.

The above information is a highlight of the Sick Leave Bank only. For detailed information regarding the sick leave bank donation, utilization, exclusions and the appeal procedures please refer to Sick Leave Bank Policy DEC (Local). A copy of the Sick Leave Bank Administrative Regulations is available in Human Resources, and on the district website.

Acknowledgement

Once I am approved for membership in the Sick Leave Bank, I understand one (1) local day per year will be subtracted from my accrued local sick leave days for the next three years. I also understand that all donations to the Bank become the property of the Bank and cannot be returned even if I cancel my membership or terminate employment. My membership will continue for the remainder of my employment without further contribution(s) to the Bank unless the Bank falls below 300 days. If the bank falls below 300 days, then I understand I will be required to contribute an additional sick leave day.

_____ **Request for Membership:** I have read the rules and regulations concerning the Sick Leave Bank benefits and wish to participate.

My authorization to place one (1) local day, in the Lamar Consolidated Independent School District Sick Leave Bank, to be withdrawn from my available local sick leave days per year for the next three years is verified by the signature below:

Date: _____

Employee Name: _____
(Please print FULL name)

Employee ID: _____

Campus/Department: _____

Position: _____

Employee Signature: _____

Do not write below this line

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Lamar CISD Sick Leave Bank Membership:
Approved _____ **Denied** _____ **Date** _____

Facilitator Signature: _____

Recorder Signature: _____

_____ ***All requirements have been met.**

***Reason for denial**

_____ **Local Sick Leave**

_____ **12 Month Employment**