

LAKELAND CENTRAL SCHOOL DISTRICT
SHRUB OAK NEW YORK

PARTICIPATION IN THE SICK LEAVE BANK

I do hereby apply for membership in the Sick Leave Bank.
Please deduct two (2) sick leave days from my accumulated
sick leave to be placed in the Sick Leave Bank.

Print Name

Signature

Date

I do not wish to participate in the Sick Leave Bank.

Print Name

Signature

Date