

**Kyrene School District
Administrators Sick Leave Bank
ASLB
Election Form**

I (print name) _____, Employee ID _____
elect to donate 16 hours for a 1.0 FTE or 8 hours for a .5 FTE of ACA to the
Administrators Sick Leave Bank. I am aware that these hours will be
deducted from my current balance. I understand that this is voluntary and I
will not be able to revoke this donation. I also understand that in order to
participate in this program I must contribute 16 hours (1.0 FTE) or 8 hours
(.5 FTE) ACA leave day.

By signing below I agree to the above regulations and those set forth in the
Meet and Confer Document.

_____ 16 hours (Full-time employee)

_____ 8 hours (Part-time employee)

Signature

Date

School Site

Please return completed form to Suzi Mast, Mail stop #25, Curriculum and Assessment, DO.