

**Kyrene School District  
Classified Employee  
Leave Bank Election Form**

I (print name) \_\_\_\_\_, Employee ID \_\_\_\_\_

elect to donate one day (8 hours) of ACA to the Classified Employee Leave Bank. I am aware that this day will be deducted from my balance at the beginning of the current contract year. 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 one ACA leave day.

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
School or Department

Please return completed form to Leon Savage, KESPA, Mail Stop 31