

**Kyrene School District  
Certified Employee  
COVID19 Sick Leave Bank  
Election Form**

I (print name) \_\_\_\_\_, Employee ID \_\_\_\_\_ elect to donate one day (8 hours for a 1.0 FTE or 4 hours for a .5 FTE) of Sick Leave to the Certified Employee Sick Leave Bank. I am aware that this day will be deducted from my balance this 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** sick leave day.

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

\_\_\_\_\_ 8 hours (Full-time employee)

\_\_\_\_\_ 16 hours (Full-time employee)

\_\_\_\_\_ 4 hours (Part-time employee)

\_\_\_\_\_ 8 hours (Part-time employee)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
School Site

Please return completed form to Alison Moser, Kyrene de la Colina.