

**Kyrene School District
Certified Employee 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 at the beginning of 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)

_____ 4 hours (Part-time employee)

Signature Date

School Site

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