



WAYNE LOCAL SCHOOL DISTRICT SICK BANK PARTICIPATION FORM

I hereby wish to participate in the Wayne Local Schools Certificated Employee Sick Leave Bank. I understand that I will initially contribute one (1) sick day prior to October of the first year of enrollment and then an additional one (1) day will be automatically deducted from my accumulated sick leave balance during the month of October of each year. Such days shall be placed in the Sick Leave Bank. Membership and subsequent deductions shall continue unless I notify the Treasurer's Office, in writing, between September 1 and September 15 to cancel membership in the Sick Leave Bank.

Printed Name

Signature

Date