

SICK LEAVE BANK WITHDRAWAL FORM

APPLICATION TO WITHDRAW FROM SICK LEAVE BANK

Please print:

EMPLOYEE NAME:

EMPLOYEE NUMBER:

I, the undersigned employee, hereby withdraw from the SVFT Sick Leave Bank effective June 30th of this school year. I understand that once this application is received, it is irrevocable for one school year and subject to the following:

There will be no refund of contributions previously made to the Bank, and I am responsible for any contributions required through June 30th.

This decision to withdraw is irrevocable for this school year. Should I wish to reapply for participation in the Bank, I must complete a new enrollment form and submit it during the open enrollment period (September 1 to November 1 of each school year) as described in the current collective bargaining agreement.

If I resume participation in the Bank and apply for benefits, I understand that a waiting period of not fewer than fifteen (15) nor more than sixty (60) working days will be imposed, as is deemed appropriate by the SVFT Sick Leave Bank Committee.

Employee Signature

Date _____

Receipt of application to withdraw from the SVFT Sick Leave Bank is hereby acknowledged.

Committee Chair Signature

Date _____