

**Twin Falls Public Schools
School District No. 411
201 Main Avenue West
Twin Falls, ID 83301**

FROM: Shannon Swafford - Sick Leave Bank Co-Chairperson

DATE: School Year 2018-2019

RE: *Sick Leave Bank Enrollment*

All new or tenured certified employees (i.e. teacher, counselors, administrators, etc.) interested in becoming a member or donating additional days to the Sick Leave Bank need to be aware of this open enrollment period and the November 1 deadline.

All regular classified employees (i.e. office staff, paraeducator, maintenance, child nutrition staff, etc.) who have been with the district for six (6) consecutive months are also eligible at this time. **Please note that there are different enrollment forms for certified, classified and administrative personnel.**

After the membership forms have been filled out, please send to the district office via inter-district mail by **November 1**.

Thanks for your help. If you have any questions please call AnnDee Daniels (x1004).

Bulletin

TO: Certified

FROM: Shannon Swafford - Sick Leave Bank Co-Chairperson

DATE: School Year 2018-2019

RE: *Membership in Sick Leave Bank*

If you are not currently a member of the Administrator / Certified / Classified Sick Leave Bank you may enroll at this time by filling out a membership form. You have the option of contributing 2 - 5 days; however, it requires a minimum of two (2) sick leave days to be a member. Employees who have contributed two (2) or more sick days to the bank are considered permanent members and do not need to donate on an annual basis, unless you desire to do so. Classified employees are eligible after six (6) consecutive months of employment.

Only members may apply for days to be drawn from the Sick Leave Bank.

PLEASE NOTE: Your request for membership form must be returned to the District Office by **November 1**.

School Year 2018-2019

Certified or Administrative Sick Leave Bank Sign-Up Instructions

To be a qualifying member of the Certified or Administrative Sick Leave Bank you must...

- Sign up during the Open Enrollment period with the enrollment form getting to the District Office by November 1.

Step #1 Fill out the **Certified or Administrative** membership form ...

- donate a minimum of two (2) days, and
- Complete all other requested information.

Step #2 Return completed membership form to the District Office ...

By **November 1.**

An Affirmative Action / Equal Opportunity Employer

**CERTIFIED SICK LEAVE BANK
MEMBERSHIP APPLICATION**

I authorize Twin Falls School District 411 to contribute _____ days of my accumulated sick leave days to the Sick Leave Bank for my initial membership and further understand that this places me as a permanent member in good standing for the duration of my employment with TFSD 411. I also understand that as a member of record I may, on a voluntary basis, continue to contribute one (1) to five (5) days each year prior to November 1, if I so elect. If the total number of days contributed to the bank proves to be inadequate to sustain operation of the bank, I further authorize the Sick Leave Bank Committee to equally assess one (1) additional sick leave day from my annual sick leave to keep the bank solvent. Days contributed become the sole property of the bank and I have no refund privilege.

NAME (PRINT) _____

HIRE DATE _____

BUILDING _____

DATE _____

SIGNATURE _____

This form MUST be completed and ON FILE with the District Office prior to November 1 for the 2018-2019 school year.