

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

**FROM:** Shannon Swafford - Sick Leave Bank Chairperson

**DATE:** School Year 2020-2021

**RE:** *Sick Leave Bank Enrollment*

All administrative staff interested in becoming a member of the Sick Leave Bank or donate additional days, need to be aware of this open enrollment period and the November 1 deadline.

**Employees cannot request membership after October 31**, as per the Sick Leave Bank Guidelines specified in the Collective Bargaining Agreement.

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 Rachel Jensen (x1004).

# Bulletin

**TO:** Administrative Staff

**FROM:** Shannon Swafford - Admin Sick Leave Bank Chairman

**DATE:** School Year 2020-2021

**RE:** *Membership in Sick Leave Bank*

If you are not currently a member of the Administrative 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.  
**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 2020-2021

## Administrative Sick Leave Bank Sign-Up Instructions

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

- Sign up during the Open Enrollment period which ends October 31.

**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

## ADMINISTRATOR SICK LEAVE BANK MEMBERSHIP FORM

I authorize Twin Falls School District #411 to allocate \_\_\_\_\_ sick leave days, two (2) to five (5) to the Sick Leave Bank as a condition of initial membership. If the total number of days contributed to the bank proves to be inadequate to sustain operation of the bank, I further authorize the Administrator's Sick Leave Bank Committee to equally assess the required sick leave days from my annual sick leave to keep the bank solvent. Days contributed become the permanent property of the bank and will not be refunded.

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 2020-2021 school year.**