



A Union of Professionals

**USCEA~AFT SICK BANK ENROLLMENT FORM**

AFT Local 4270  
1825 McLaughlin Run Road  
Upper St. Clair, PA 15241

*If your hire date is the first day of the school year, you must complete and return the Sick Bank Enrollment Form by November 13th of that year to Kristen Rauber; Eisenhower Elementary.*

*If you are hired after the start of the school year, you must complete and return the sick bank enrollment form within one month of your start date.*

*-Sick Bank Committee*

**USCEA~AFT Sick Bank Enrollment Form**

PLEASE CHECK ONE BOX BELOW & RETURN:

**I DO NOT** wish to become a member of the Sick Leave Bank.

**I DO** wish to participate in the Sick Leave Bank.

*I (print name) \_\_\_\_\_, with the intention to be legally bound, hereby authorize the Upper St. Clair School District to transfer **two** of my sick days to the Sick Bank as administered by the Upper St. Clair Education Association, PaFT, AFT, and AFL-CIO.*

*I understand that once I am a member, I do not need to reenroll and will only contribute **one** sick day each year thereafter.*

*I am aware that this authorization is irrevocable, and that these sick bank days cannot be returned to me for any purpose, except as I qualify for the use of Sick Bank days.*

Signature \_\_\_\_\_

Date of Hire \_\_\_\_\_

Building \_\_\_\_\_

Position \_\_\_\_\_