

SICK LEAVE BANK CONTRIBUTION

Name \_\_\_\_\_

Number of Days contributed \_\_\_\_\_

I hereby agree to contribute the number of days above to the Van Buren Sick Leave Bank. I understand that my Sick Leave Balance must be greater than 25 days AFTER my contribution has been deducted. I further understand that I may contribute NO MORE THAN FIVE (5) DAYS in a school year to this bank.

Name \_\_\_\_\_ Date \_\_\_\_\_