

CATASTROPHIC SICK LEAVE BANK PARTICIPATION FORM

To participate, you must complete and submit this form to the Payroll Department during the month of September, which is the open enrollment period for the year.

Employees who complete their probationary period must submit the form within thirty (30) days of achieving their permanent status.

Please PRINT

Name: _____

Social Security Number: _____

Job Site: _____

Job Title: _____

Effective with the 20____ school year, I wish to participate in the Sick Leave Bank as provided for in the Contract of Agreement between the Ventura Unified School District and the Ventura Classified Employees Association, Sections 27.2, 27.3, and 27.4. I understand that participation is voluntary and that my annual rate of contribution for each school year shall be one (1) regular day of sick leave.

Employee Signature

Date