

MEMBERSHIP APPLICATION

To: Sick Leave Bank Committee
Volusia County School Board
Administration Building

From: Name: _____ S.S. No. _____

Work Center: _____ ID No. _____

Subject: Sick Leave Bank for employees covered by the VESA Contract (now VUE).

Date: _____

I, _____, having fully read and understood the attached provisions on the Sick Leave Bank for non-instructional personnel of The School Board of Volusia County, do hereby wish to contribute one (1) day of my accrued sick leave to said bank and become a member thereof.

I certify that I have been employed by The School Board of Volusia County for more than (1) full year and have five (5) days accrued sick leave.

I understand that the provisions of the Sick Leave Bank are applicable only for my personal injury, accident or illness. I further agree that the decision of the Sick Leave Bank Committee on the use of Sick Leave Bank days shall be final in all cases.

I understand that if the bank balance is diminished below fifty (50) days I shall be required to contribute one (1) additional day, not to exceed two (2) days per year.

Lastly, I understand that any days contributed to the Sick Leave Bank are not refundable upon withdrawal or voluntary termination of membership.

Signed