



# NORTH EAST INDEPENDENT SCHOOL DISTRICT CATASTROPHIC SICK LEAVE BANK MEMBERSHIP APPLICATION

Name: \_\_\_\_\_

Employee ID#: \_\_\_\_\_ Position: \_\_\_\_\_

Campus/Department: \_\_\_\_\_

New Employee       Current Employee

I have read and understand the policies and procedures of the NEISD Catastrophic Sick Leave Bank and authorize the deduction of three (3) days from my accrued or anticipated local sick leave.

I understand that these days, once donated to the Catastrophic Sick Leave Bank, will be subtracted from my local leave balance and cannot be returned even upon cancellation of membership.

A member may be eligible to receive days from the Bank ONLY after the three day membership donation has been earned and contributed.

I understand that changes made to the Catastrophic Sick Leave Bank guidelines and regulations may occur.

Approval for use of Catastrophic Sick Leave Bank days for a catastrophic illness/injury will be made in accordance with the Catastrophic Sick Leave Bank guidelines. Denial of days may be appealed to the Catastrophic Sick Leave Bank Board of Directors.

I agree to the conditions of the NEISD Catastrophic Sick Leave Bank and apply for membership.

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Date

**OR**

I have read and understand the policies and procedures of the NEISD Catastrophic Sick Leave Bank and do **NOT** apply for membership.

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Date

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***Risk Management Office Use:***

\_\_\_\_\_ Employee is eligible for membership.      Effective date:  First day of employment or \_\_\_\_\_

\_\_\_\_\_ Employee is not eligible for membership.