

PERTH AMBOY BOARD OF EDUCATION

SICK LEAVE BANK DONATION FORM

Identification Number of Donating Employee:

I wish to donate _____ of my unused sick days to the Perth Amboy School District Sick Leave Bank. I understand and agree that this donation is irrevocable and is subject to the requirements and restrictions set forth in the Perth Amboy Sick Leave Bank Policy which I acknowledge I have read and fully understand, as negotiated by the Perth Amboy Board of Education and the Perth Amboy Federation. I represent that I am familiar with the Sick Bank Policy and make this donation voluntarily, and agree to be bound by all terms and conditions of the Policy.

Signature: _____

Date: _____