

# Jefferson County Teachers Association



Sick Leave Bank Form for teachers represented  
by the Jefferson County Teachers Association (JCTA)



**DEPOSIT AUTHORIZATION OF ONE (1) SICK DAY**

## **OPEN ENROLLMENT FOR ALL TEACHERS!!!**

Date: \_\_\_\_\_/\_\_\_\_\_/2011

I, \_\_\_\_\_ ( Print Full Name)

\_\_\_\_\_ (School/Location #)

**\*Last 4 digits of Social Security Number ( \_\_\_\_\_ ) do hereby voluntarily agree to contribute one (1) of my accumulated sick leave days to the Sick Leave Bank. I understand that this will qualify me to apply for the use of days from the Sick Leave Bank according to the approved procedures. I understand that my accumulated sick leave account will be reduced by one (1) day. I understand that after my one (1) sick day has been taken I become a member of the JCTA Sick Leave Bank and that I must apply to the JCTA Sick Leave Bank Committee through JCTA in order to use days from the Sick Leave Bank and that I must submit an application to request days from the Sick Leave Bank through the SLB Committee and JCPS.**

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

Signature: \_\_\_\_\_

Home E-mail Address: \_\_\_\_\_@\_\_\_\_\_

**\*Please provide the last four digits of your Social Security Number so that the Jefferson County Public Schools Payroll Department and JCTA can verify your Name and School.**

Revised: 09/2011

**Return this form to the JCTA office before:  
5:00 PM on Friday, October 28, 2011**

*Any forms received after 10/28/2011 will NOT be accepted.*

**Please return this completed form to:**

**JCTA Office**

**Watterson City West Building**

**1941 Bishop Lane Suite 300**

**Louisville, KY 40218**

**OR**

**Fax to:**

**(502) 452-2794**

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