

# ENROLL NOW! BFT/BUSD - SICK LEAVE BANK

- OPEN ENROLLMENT -  
OCTOBER 1 – OCTOBER 31

## PURPOSE

The Sick Leave Bank was negotiated and became part of the contract in 1985 when some of our members were seriously ill, had used up all their sick leave days and were unable to claim disability or worker's compensation. This voluntary enrollment plan, open to all members of the bargaining unit, was organized to generate a pool of sick leave days. These days will be available to qualified applicants to apply toward their own long-term leave in the event of a prolonged illness or injury.

## ELIGIBILITY AND MINIMUM PLEDGE

All eligible staff in the bargaining unit may voluntarily become members of the Sick Leave Bank. You may have any number of sick leave days accumulated before you join the Sick Leave Bank. The minimum pledge for a first-time member of the Sick Leave Bank is a pledge of one (1) day per year for each of three (3) successive years. You are a member in good standing of the Sick Leave Bank once your pledge is received.

- No days will be returnable while the bank is still in operation.
- Should the program be terminated, days will be credited to donors on a pro-rata basis of the days remaining.

If you have any questions regarding the Sick leave Bank, please contact your Site Rep.

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**Please fill out completely - RETURN BY EMAILING TO [office@berkeleyteachers.org](mailto:office@berkeleyteachers.org)**

I, [PRINT] \_\_\_\_\_ Employee ID#\* \_\_\_\_\_ have read the regulations and agreements governing the SICK LEAVE BANK which accompanied this application. I understand and accept them. I voluntarily wish to pledge sick leave days as follows:

Year 1: 2023-24 - 1 DAY

Year 2: 2024-25 - 1 DAY

Year 3: 2025-26 - 1 DAY

\*SIGNATURE \_\_\_\_\_ \*DATE \_\_\_\_\_  
(electronic signature is fine)

\*SCHOOL \_\_\_\_\_

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-----AND/OR-----

Any new or continuing Sick Leave Bank member can voluntarily donate additional days by filling out this section below.

I, [PRINT] \_\_\_\_\_, am a member of the Sick Leave Bank, and wish to pledge \_\_\_\_ additional day(s). SIGN & DATE \_\_\_\_\_

\*Check your latest paycheck stub for your employee ID #.

**IF YOU HAVE ALREADY SIGNED UP AS A MEMBER NOW OR IN A PREVIOUS YEAR YOU DO NOT HAVE TO SIGN UP AGAIN.**