

## Classified Staff Sick Leave Pool Participation Form

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

Building: \_\_\_\_\_

Position: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

\_\_\_\_\_ Yes, I would like to participate in the District's sick leave pool. I am aware that I am required to contribute days to the sick leave pool each year according to the District's sick leave pool policy.

\_\_\_\_\_ No, I would not like to participate in the District's sick leave pool. I am aware that by opting out I will not be eligible to opt back into the sick leave pool for the duration of my employment.

Please forward to Donna Wells at the Administration Office.

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

Date: \_\_\_\_\_