

BOOKER INDEPENDENT SCHOOL DISTRICT

CATASTROPHIC SICK BANK MEMBERSHIP APPLICATION 2023-2024

Employee: _____

Position Held: _____

If part-time, number of hours worked per day: _____

I authorize the contribution of one (1) unit of sick or personal leave day to the Booker ISD's Catastrophic Sick Leave Bank (CSLB) to become a member of the CSLB (1 unit = 1 Emp %). I understand that in order to maintain membership in CSLB, a donation of one (1) sick, personal or vacation day per year must be donated during the period August 20th to September 20th annually. Employees hired after September 20th may join within thirty calendar days by agreement to donate a day to be earned. Employees may use compensation time remaining at the end of the prior school year to pay the required substitute rate. All employees may pay the cost of an extended period substitute to become a member at the current rate of \$75.00. Furthermore, I understand and agree that:

- Only Booker ISD personnel who are eligible for the regular state and local leave plan are eligible for the CSLB.
- Only members of the CSLB may be awarded leave from the bank.
- Leave authorized by the member for contribution to the plan will not be returned.
- Participation in this plan is voluntary and that the CSLB Executive Committee has final authority over all decisions to grant or deny application and benefits. I have read the program's guidelines and understand that I cannot hold Booker ISD responsible for any decisions made by the CSLB Executive Committee and the decision of the committee is final and not eligible for appeal.

Based on this understanding, I voluntarily authorize the district to: (Check one)

- Deduct one unit of leave from my current balance
- Accept my check for \$_____ to pay for one unit of sick leave.
- Contribute _____ hours of compensation time (non-contract personnel only)
- Deduct one day of vacation from my current balance (non-contract personnel only)
- DECLINE

Employee Signature: _____ Date: _____

Business Office:

Eligibility Date: _____ Authorizing Signature: _____