

Application for Sick Day Bank Donation

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

Title: \_\_\_\_\_

Amount of days donated: \_\_\_\_\_

Date you last donated and amount of days: \_\_\_\_\_

By signing below, I agree to voluntarily donate the amount of days listed above to a general District Sick Day Bank for use by members of the Paterson Principals Association, Paterson Administrators Association, Paterson Certificated Directors Association and Non-Bargaining employees who experience a "catastrophic health condition or injury" and have exhausted their paid leave benefits. In the event that the Paterson School District and/or any participating Association agree to dissolve the bank for whatever reason, all days donated by an individual member shall be considered property of the Sick Day Bank. I understand that once donated, no employee may retract days donated to the sick bank.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

- Please submit all donation applications to Staff Attendance (Human Resources)