

UINTAH SCHOOL DISTRICT

*SICK LEAVE BANK*

AUTHORIZATION FOR MEMBERSHIP

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Name

I request and authorize Uintah School District to deduct from my accumulated PTO allowance ONE day.

I understand that days contributed to the Sick Leave Bank are nonrefundable.

I understand that membership in the sick leave bank is for one year only and that I need to re-enroll every year with Uintah School District.

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Signature

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Date