



Intradistrict Communication

DATE: August 1, 2011
TO: All Benefited Classified Employees
FROM: June LeMaster, Ph.D., Administrator, Human Resources 
Brent Burge, Administrator, Human Resources 
SUBJECT: Employee-Funded Sick Leave Bank Opt Out-Classified

In order to be eligible to participate in the Employee-Funded Sick Leave Bank, an employee must annually donate one day of accumulated Sick Leave into the Sick Bank. The Employee-Funded Sick Leave Bank allows an employee to receive up to 120 paid days (*in a three year period*) while out for a serious health condition. In addition to donating one day of sick leave, Classified employees must have missed 15 work days, and exhausted all of their available leave days in order to be eligible for Sick Leave Bank. The Employee-Funded Sick Leave Bank is not intended to be used for in-and-out absences, elective medical procedures or other medical care that could be scheduled during non-contract time. Employees wishing to opt out of participation in the Employee-Funded Sick Leave Bank must annually complete and return this form to the Department of Human Resources before September 1st of each year. **Please take the time to read District Policy DP326 NEG, prior to signing this form.** A copy of this policy is available online at <http://jordandistrict.org/resources/policymanual/index.htm>.

I am requesting to opt out of Jordan School District's Employee-Funded Sick Leave Bank. I understand that by opting out of this program, I will not qualify for any Employee-Funded Leave Bank benefits during the 2011-12 school year.

Name: _____

Address: _____

City & Zip: _____

School/Location: _____

By signing this form, I understand that I will not be eligible for Employee-Funded Sick Leave Bank Benefits for the 2011-12 school year. This form must be completed and return to Leslie Taysom in Human Resources before September 1, 2011. If this form is not received in Human Resources by the due date, one day will be donated from your sick leave balance.

Signature: _____ Date: _____