

Ichabod Crane Central School
Central Administration Office
PO Box 820
Valatie, NY 12184
518-758-7575, Ext. 3010

CO - 29

SICK LEAVE BANK WAIVER FORM

I hereby authorize the Sick Leave Bank Committee, according to the Sick Leave Bank provision contained in the Ichabod Crane Teachers' Association Contract, to deduct from my sick leave two (2) days to be credited in my name to the Sick Leave Bank.

I hereby waive all rights and claim to said sick leave. This waiver allows my membership in the Sick Leave Bank according to the current contract between the Ichabod Crane Board of Education and Ichabod Crane Teachers' Association. Should the Sick Leave Bank be renewed, I authorize you to deduct additional days as set forth in the Contract and Rules and Regulations governing the Sick Leave Bank.

This waiver shall be in full force and effect until I leave the District or until withdrawn by written notice to the Sick Leave Bank Committee.

NAME: (print) _____ DATE: _____

SIGNATURE: _____ SCHOOL: _____

SOCIAL SECURITY NUMBER: _____ - _____ - _____

Under the provisions of the current Teachers' Contract and the Rules and Regulations of the Sick Leave Bank, **I do not wish** to participate in the Sick Leave Bank.

NAME: _____ DATE: _____

SIGNATURE: _____ SCHOOL: _____

SOCIAL SECURITY NUMBER: _____ - _____ - _____