

Rim of the World Unified School District

**Classified Sick Leave Bank Request for Withdrawal**

The District Classified Sick Leave Bank may be drawn upon by any participating unit member who has used up all accrued sick leave and all extended benefits granted under Education Code #45196 as a result of an extended illness. I understand that the Association Chapter #417 Executive Board shall approve or deny the request and the number hours available up to a maximum of six (6) weeks.

Pursuant to the above provisions, I request a maximum of \_\_\_\_\_ sick leave hours be drawn from the District's Classified Sick Leave Bank and deposited to my personal sick leave allowance.

I agree to hold harmless the District and Association Chapter for any and all claims and liabilities arising out of performance of Article XII of the Rim of the World Unified School District Contract for Classified Employees.

Print Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Hours Worked per Day: \_\_\_\_\_

Site: \_\_\_\_\_ Classification: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

President, CSEA Chapter #417, or designee: \_\_\_\_\_

**In order to withdraw from the sick leave bank**

**You must Donate Each Year.**

Briefly describe your situation:

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