



Flagler County Schools
Human Resources Department
Sick Leave Bank Enrollment Request

Authorization to Deduct a Day of Sick Leave from Personal Accumulated Totals

By my signature below, I hereby indicate my desire to enroll in the Sick Leave Bank program that has been authorized for district-wide use in the Flagler County Public School System. To be eligible to join, an employee must have been employed in the district for at least one year **and** must have at least eight (8) days of accumulated sick leave in his/her account*.

I further authorize district level personnel to deduct one (1) day of sick leave from the total number of days that I have accrued and which are currently and officially on the books in the Flagler County School System. I understand that one day of sick leave is defined as that number of hours that I am required and authorized by contract to work on a daily basis; for example, teachers work a 7.25 hour day, administrators work a 7 hour day, and hourly workers – with benefits – work between 4 and 8 hours per day.

I understand that if the total number of days that are in the “Sick Leave Bank” fall below a certain defined level (currently 100 district-wide), one (1) additional day can be deducted from my accumulated number of days to replenish the “Bank”. Should that action become necessary, each employee will be so notified in writing? Unless the “Bank” fails to be re-activated, the days that are contributed to the “Bank” will not be returned to the member. Should an enrolled member decide at any time to withdraw from the “Sick Leave Bank”, the days that he/she has contributed will not be returned to him/her.

I enroll with full understanding that a set of rules have already been developed and agreed to by the School Board, the FCEA, and the FESPA to guide enrollment, use, replenishment and withdrawal. Questions regarding those rules should be directed to the Director of Human Resources for all employees. Understanding that enrollment in the Flagler County Public School District “Sick Leave Bank” is completely and totally voluntary, by my signature below I indicate my willingness to accept and abide by the established rules as a condition of my enrollment.

Employee Name (Printed)

Employee Signature

Employee SSN

Date Agreement Signed

_____ Total Number of Sick Leave in Employee's Account

*NOTE: Eligibility in terms of the number of days that an employee has in his/her sick leave account will be verified by the Human Resources Department.

**Employees should keep one copy of this agreement for his or her own personal records and forward the signed original document to the Human Resources Department to initiate enrollment.