

RIALTO UNIFIED SCHOOL DISTRICT

CERTIFICATED SICK LEAVE BANK DEPOSIT

As a certificated unit member, I wish to contribute two (2) days to the Certificated Sick Leave Bank. I understand that the hours will be distributed as described in the negotiated contract and that this donation is irrevocable.

Unit Member's Signature

Site/Service Area

Date

Employee's Name (Please Print)

Last 4 digits of Social Security Number

Human Resources

☐ Approved

☐ Denied

Date _____