

**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 the hours will be distributed as described in the negotiated contract and that this donation is irrevocable.

\_\_\_\_\_  
Unit Member's Signature

\_\_\_\_\_  
Location

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employee's Name (Please Print)

\_\_\_\_\_  
Last 4 digits of Social Security Number

**Personnel Office**

Approved

Disapproved

Date \_\_\_\_\_

**Original form to be submitted to Personnel Services**