



**BRYANT PUBLIC SCHOOLS**

**SICK LEAVE BANK & PERSONNEL DIRECTORY FORM**

**Important Information:**

- This form is to be completed in its entirety by all contracted employees and returned to your supervisor.
- For additional information regarding the sick leave bank policy, please refer to the employee handbook.
- Only one form is required per employee each school year so please list each contracted position that you hold.

***Please type or print***

Name: \_\_\_\_\_ SSN (last 4): \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

City, Zip: \_\_\_\_\_ Check One:  Certified  Classified

Position(s): i.e. Teacher/Coach, Para/Bus Driver \_\_\_\_\_

School(s) or Dept(s): \_\_\_\_\_

Name of Principal(s)/Supervisor(s): \_\_\_\_\_

Grade/Subject Area (Teachers only): \_\_\_\_\_

***Check One:***

I am a current member and wish to remain a member of the sick leave bank. I have already donated a day to the Sick Leave Bank.

I am not a current member but wish to become a member by donating one day of sick leave to the Sick Leave Bank.

I do not wish to be a member of the Sick Leave Bank for the 2018-19 School Year.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date