

SICK BANK DONATION FORM

Date: _____

I _____ would like to donate _____
days to the Sick Bank.

Any member of the Sick Bank who has contributed days in excess of his or her personal total of 200 days may have all or part of the excess returned upon retirement, if the days contributed will help that teacher reach or approach the 200 day limit for buy back purposes at the going buy back rate at the time of retirement.

Any member who is laid off and contributes their remaining accumulated days to the Sick Bank will have these days returned if he or she is reinstated.

Signature: _____

Work Phone: _____ Home Phone: _____

Send this form to:
Sick Bank Chairperson
West Street Elementary
5700 West Street
Sanborn, New York 14132
kheilemann@nwcsd.org
Work – 215-3200, extension 5180