

## Sick Bank Membership Request

Dear Colleagues,

This application is for your convenience. Please read the following to determine if you would like to become a member of the Sick Leave Bank. Once you become a member you will remain a member until you resign from the North Adams Public School System or you resign from participation in the Sick Leave Bank. You must submit your resignation to the Sick Leave Bank according to ARTICLE XVI: Section K of the contract.

Under ARTICLE XVI: SICK LEAVE BANK teachers covered by the contract between the City and the North Adams Teachers' Association can voluntarily contribute a portion of their sick leave for the use of any participating member whose sick leave accumulation is exhausted as a result of an incapacitating injury or a catastrophic or prolonged illness (such as heart attacks, liver disease, cancer, etc) that prevents a teacher from performing his/her duties.

Teachers may enroll in the program by donating one (1) day of their accumulated sick leave into the bank prior to September 15<sup>th</sup> of that year. Newly employed teachers may enroll between their forty (45<sup>th</sup>) and sixtieth (60<sup>th</sup>) calendar day from the initial date of employment.

In the event the balance falls below one hundred and fifty (150) days at the commencement of the school year each teacher who is a member of the Sick Leave Bank will be assessed one (1) additional day that may cause the sick leave accumulation to increase above one hundred and fifty (150) days for that school year.

A member may withdraw from the Bank by giving written notice to the Sick Leave Bank Committee sixty (60) days prior to September 15<sup>th</sup> of that year in which said member no longer desires membership.

For further explanation please review ARTICLE XVI: SICK LEAVE BANK in the contract.

Please cut along the dotted line and submit to a NATA representative by the due dates above.

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North Adams Teachers Association  
Sick Leave Bank Membership Request

Name: \_\_\_\_\_

School: \_\_\_\_\_

Please sign and return to a NATA building representative by the due dates as explained above.

I request membership to the Sick Leave Bank and understand that to become a member I am donating one (1) of my sick days to the Sick Leave Bank.

\_\_\_\_\_  
signature

Date: \_\_\_\_\_