

SEA SICK LEAVE BANK
NEW MEMBER APPLICATION

Please return this form to:
Kathy Lilley or Laurie Teggelaar
Sick Bank, Co-chairpersons

Applications are due no later than September 11.

Please print:

Name _____

Program _____

Position _____

Circle one: Full time Part time

Work telephone number _____ **Extension** _____

I would like to join the SEA Sick Leave Bank. I agree to donate 2 non- refundable sick days to the Sick Leave Bank.

Signature _____

Date _____

Thank you for joining the SEA Sick Leave Bank. If you have any questions, please call Kathy Lilley x4209 or Laurie Teggelaar x3609.