

**VOLUNTARY SICK LEAVE BANK
VOLUNTARY CONTRIBUTION FORM**

2009-2010 OPEN CALL FOR CONTRIBUTIONS

(Please refer to AFT 2121/SFCCD CBA, Article 17, section E)

DEADLINE FOR SUBMISSION: February 1, 2010

If you wish to make a contribution, please complete and read below for filing instructions.

FACULTY STATUS DECLARATION

NAME _____ ID# _____
(please print legibly) (please print legibly)

DEPARTMENT _____ MAIL BOX _____

I want to be a member of the VSLB. By my signature, I am authorizing the District to debit the balance of my sick leave by one hour (if I am a part-timer) or one day (if I am a full-timer). I acknowledge that I am fully aware that my contribution shall be treated as if no right to the contribution had ever accrued and that under no circumstances shall my contributed time be retrievable.

Signature _____ Date _____

The following reflects your VSLB agreement for the future. Please read, sign, and date:

I understand that hereafter, whenever the VSLB opens, the District will automatically deduct an hour (if I am part-time) or a day (if I am full-time) from my accumulated sick leave at that time.

Signature _____ Date _____

If in the future I want to stop contributing to the VSLB (opt out), I understand that I will have to notify the District at that time, when the bank is open, to change my status.

Signature _____ Date _____

THIS FORM IS NOT COMPLETE WITHOUT THREE (3) SIGNATURES.

*Completed forms must be filed with the Human Resources Department at 33 Gough Street by close of business on **February 1, 2010**. Upon receipt, the Human Resources Department will mark this form for receipt and mail a photocopy to the faculty member.*

Date Received by Human Resources Department:
H.R. Rep. Initial:

Date Copy Sent to Contributor: