

Caldwell School District CSLB Application for Membership

This application must be turned in to Sandy Howard at Caldwell High School no later than Wednesday, October 7, 2009.

Classified Employees Sick Leave Bank Caldwell School District #132

I hereby donate two (2) days of accumulated sick leave to the Classified Employees Sick Leave Bank. I understand that the two (2) donated days will remain in the **CSLB** and are non-transferable to another school district should I take employment elsewhere.

I understand that I may be assessed additional donated days if extra days are needed to keep the **CSLB** operational.

I have read and understand the enclosed information.

Printed Name: _____

School: _____

Hours Worked per Day: _____ Employee ID Number: (for payroll only) _____

Signature: _____ Date: _____