

**LANSING CENTRAL SCHOOL DISTRICT
284 RIDGE ROAD
LANSING, NEW YORK 14882**

**LANSING FACULTY ASSOCIATION
SICK LEAVE BANK DONATION FORM**

Teachers, Guidance Counselors, School Psychologist, Social Workers, Teaching Assistants and Registered Nurses hired on or before September 1 of each school year may enroll in the Sick Leave Bank by notifying the District by October 1. Teachers hired after September 1 shall have thirty (30) school days from their date of hire to notify the District of their intent to enroll in the Bank. Each employee who enrolls shall donate one (1) day of his/her accumulated sick time to the Bank. When days are exhausted a notice shall be sent to teachers for elective re-enrollment.

Section A

I _____ **authorize**
(print name)

the Lansing Central School District to deduct one day from my accumulated sick leave account and place that day into the LFA Sick Leave Bank account. I understand that by donating a day to this bank I will have the right to request days from the bank pursuant to the rules stated in Article VII, Section A - Leaves, Number 2 – Sick Leave Bank, of the 2008-2012 LFA Contract.

Signature Date

OR

Section B

I _____ **DO NOT authorize**
(print name)

the Lansing Central School District to deduct any days from my accumulated sick leave account. I understand that by not donating a day I will be unable to request days from the LFA Sick Leave Bank. I also understand that I will not be able to join the LFA Sick Leave Bank until all days have been depleted from the bank at some unknown time in the future pursuant to the rules set forth in Article VII Section A – Leaves, Number 2 – Sick Leave Bank, of the 2008-2012 LFA Contract.

Signature Date

Complete either Section A OR Section B
Return to the District Office by _____