

NEW HAMPSHIRE PUBLIC SCHOOLS
SCHOOL ADMINISTRATIVE UNIT #1

CONTOOCOOK VALLEY SCHOOL DISTRICT
OFFICE OF THE SUPERINTENDENT OF SCHOOLS

Human Resources Department
924-3336 Ext. 2033

****You MUST complete either the Election or the Opt Out and return to Human Resource no later than October 1****

Sick Day Bank(SDB) Election Form

Print Name _____

Print Location _____

By my signature below, I hereby apply for membership in the ConVal School District Sick Day Bank, and I agree to contribute one (1) sick day from my 2019-20 accrual for participation in the Sick Day Bank for the 2019-20 school year, and also understand that I may be required to contribute an additional day each year that the balance in the SDB falls below $\frac{1}{2}$ of the number of participating members. I understand that I will be automatically renewed in the SDB for each subsequent school year unless I submit an Opt Out form prior to October 1 of that school year. I agree to abide by all stipulations set forth in the Sick Day Bank Policies and Procedures.

Signature

Date

Sick Day Bank(SDB) Opt Out Form

Print Name _____

Print Location _____

By my signature below, I hereby Opt Out of the Sick Day Bank and cancel any further contributions to the SDB. I understand that SDB benefits will terminate immediately, and I also understand that the days I have contributed thus far will not be returned to me.

Signature

Date