



SCAPPOOSE SCHOOL DISTRICT

Sick Leave Pool Enrollment Form

The purpose of the sick leave pool is to extend to member of the pool, additional sick leave days should an illness or injury occur as described in the Collective Bargaining Agreement between Scappoose School District and Scappoose Education Association, Article 20. Sick leave donated to the pool must be received by the District Office on or before October 31.

I understand the sick leave pool may not exceed 150 days.

I elect to participate in the Scappoose School District Sick Leave Pool and do hereby irrevocably authorize and contribute _____ work days (not to exceed 10% of current sick leave balance) of my accumulated sick leave to the Sick Leave Pool.

Signature: _____

Date: _____

Printed name: _____

Building: _____

Management of the sick leave pool will be the responsibility of the Association.

Office use only

Date received: _____