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**SICK LEAVE BANK  
ENROLLMENT FORM  
LICENSED EMPLOYEES**

Name \_\_\_\_\_

Employee #: \_\_\_\_\_

Location \_\_\_\_\_

Position \_\_\_\_\_

Please enroll me in the Boulder Valley School District’s Sick Leave Bank (Bank). I understand that membership is voluntary on the part of every employee.

I understand that each year, on September 1, one (1) additional day of my annual leave will be donated to the Bank, until the Bank has accumulated 1500 days.

I understand that I may withdraw from membership in the Bank between the first contract day of each year through September 15 (the “open enrollment” period), by designating in writing on the appropriate school district form. I also understand that I am unable to withdraw any days which I have previously contributed to the Bank if I withdraw my membership.

My signature below authorizes the donation of one (1) day of annual leave to the Bank. This is pro-rated if I am on less than a full-time assignment or work less than 187 days.

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Date

For additional information about the Sick Leave Bank, please refer to the negotiated agreement.

Please return this form to Human Resources (HRD) in the Education Center by September 15<sup>th</sup>. If the 15<sup>th</sup> falls on a Saturday or Sunday, the deadline is the following Monday.