

OFFICIAL FACULTY SICK LEAVE BANK ELECTION FORM
(PETITION)

We, the undersigned, do hereby indicate an interest in the establishment of a sick leave bank at (institution/college of applied technology) and further, we hereby declare our intention of participating as members in said sick leave bank upon its establishment.

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EACH PETITIONER MUST MEET THE CRITERIA FOR MEMBERSHIP: BE A REGULAR FULL-TIME EMPLOYEE HOLDING FACULTY RANK AND SERVING IN EITHER AN ACADEMIC YEAR OR FISCAL YEAR APPOINTMENT, OR A REGULAR PART-TIME INSTRUCTIONAL STAFF MEMBER.