

# Sick Leave Bank Authorization

Hamilton City Schools In Collaboration with Hamilton Classroom Teachers' Association

533 Dayton Street, Hamilton, OH 45011

(513) 887-9000

Date : \_\_\_\_\_

I, \_\_\_\_\_, authorize the Treasurer to withdraw one day of my sick leave days and credit it to the Voluntary Sick Bank in my name.

**Furthermore:**

"I specifically acknowledge and agree that the granting of days from the Voluntary Sick Leave Bank shall be at the sole discretion of the Sick Bank Committee or, in the event of an appeal, the Appeal Board, and that all decisions of the Sick Bank Committee of the Appeal Board will be final and binding and not subject to grievance. I further agree to abide by such decision and to indemnify and hold harmless, the Sick Bank Committee, and the Appeal Board, and all of their agents for any loss they may sustain as a result of any claim or legal proceedings I may bring against any of with respect to a decision made by any of them concerning this application."

\_\_\_\_\_  
Teachers' Name (Print)

\_\_\_\_\_  
Teachers' Signature

\_\_\_\_\_  
School Assigned