

READING SCHOOL DISTRICT TEACHERS' SICK LEAVE BANK APPLICATION FORM

In order to join the REA Sick Bank, please complete this form and return it to the REA Office. This can be returned via interoffice mail or mailed to the Reading Education Association Office, 125 Morgantown Road Suite 2, Reading, PA 19611

I have read the Sick Leave Bank procedures, understand them, and agree to abide by them. I further agree to abide by any and all of the rules and decisions of the Sick Leave Bank Committee. I also agree to save harmless all agents and members of the Reading Board of School Directors and all officers and members of the Reading Education Association in any dispute regarding the administration of this Sick Leave Bank.

Name (please print): _____

Social Security Number: _____

Address :

Home Telephone Number: _____

Cell Phone Number: _____

Building / Subject Assignment: _____

Date Hired by RSD: _____

Today's Date: _____

Signature: _____

Witness: _____

*Please return this this form via: Email: mazurj@readingsd.org Fax: (610) 374-3173
Interdepartmental Mail: Rebecca Titus, REA office or USPS Mail: Reading
Education Association (REA) Office, 125 Morgantown Road, Suite 2, Reading, PA
19611*