

# Town of Reading

## SICK LEAVE BANK

I, (Print Name) \_\_\_\_\_, wish to join the Town of Reading Sick Leave Bank, which is overseen by the Sick Bank Committee and described in the Town's Personnel Policies, and in the Engineering, Public Works, Dispatchers, and Police Department Bargaining Unit contracts.

I agree to donate four (4) sick days in equivalent hours for my average work day on July 1, 20\_\_\_\_, and thereafter to contribute two (2) days in equivalent hours annually up to 5 years continuously and members in the bank and then one (1) day given annually until written notice of cancellation is given to the Committee.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Department

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

