

# East Central BOCES

P.O. Box 910  
Limon, CO 80828  
719-775-2342

## General Leave Bank Enrollment Form

In order for me to become a member of the East Central BOCES General Leave Bank for this school year, 2 (two) days of my general leave will be transferred to the General Leave Bank. All transfers of general leave must be completed within the first twenty (20) days of your beginning contract date.

\_\_\_\_\_ I do wish to join the general leave bank

\_\_\_\_\_ I do not wish to join the general leave bank

\_\_\_\_\_  
Member Signature

\_\_\_\_\_  
Date

I wish to continue being a member of the East Central BOCES General Leave Bank for the 2019-2020 school year. I understand that 1 (one) day will be transferred to the general leave bank. All transfers of general leave must be completed within the first twenty (20) days of your beginning contract date.

\_\_\_\_\_ I am a vested member of the general leave bank (contributed 4 yrs. consecutively) and will not have to contribute days on a yearly basis unless the bank falls below 100 days.

\_\_\_\_\_ I am not yet a vested member of the general leave bank and will need to contribute 1(one) leave day to maintain my active status in the General Leave Bank process.

\_\_\_\_\_  
Member Signature

\_\_\_\_\_  
Date

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## General Leave Bank Request Form

I would like to request \_\_\_\_\_ days from the general leave bank.

It is understood the general leave bank committee will review this request and make a decision according to the sick leave bank policy.

\_\_\_\_\_  
Member Signature

\_\_\_\_\_  
Date

The general leave bank committee has \_\_\_\_\_ approved; \_\_\_\_\_ denied your request for \_\_\_\_\_ days from the general leave bank.

Your request was denied for the reason(s) stated below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

\_\_\_\_\_  
Committee Member Signature

\_\_\_\_\_  
Date

Number of general leave bank days used: \_\_\_\_\_

**This form must be accompanied by a doctor's statement:**

Adopted: June 17, 2015