

LAKE HAMILTON SCHOOL DISTRICT  
LONG-TERM DISABILITY LEAVE BANK CONTRIBUTION FORM

\_\_\_ I hereby request and authorize that one (1) day be deducted from my sick leave allowance as a contribution to the District Leave Bank.

\_\_\_ I prefer not to participate.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
School

This form must be submitted in duplicate prior to September 15th to the Central Office.

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OFFICE USE ONLY

\_\_\_\_\_  
Date Received

\_\_\_\_\_  
Central Office Controller

\_\_\_\_\_  
Date Received

\_\_\_\_\_  
Committee Secretary