

OPTA RETIREE SICK LEAVE BANK DONATION FORM

Employee Information

Name:	Employee ID #:
Retiree Date:	Number of Days Donating to SLB:

In accordance with Article XIX Section C of the Collective Bargaining Agreement, I wish to donate the above number of unused, unencumbered* accumulated sick leave days at the time of my retirement to the Oak Park Teachers' Association Sick Leave Bank.

* any accrued, unused days not needed or submitted by the teacher to TRS for additional retirement service credit, nor days that are cashed in at the time of retirement

My signature below verifies that I understand that I will not be compensated for these days being donated and they will also not be reported to TRS as service credit.

Employee Signature: _____ Date: _____

Verified by Human Resources: _____ Date: _____