

SICK BANK AUTHORIZATION FORM

I, _____, _____ do hereby authorize; _____ do not authorize (please check one) the Woburn School Department to withhold one (1) sick day per year from my earned sick time and place it in the Sick Leave Bank of my Union Local #(or name)_____.

This authorization will continue in force unless terminated by me in writing to the Payroll Office of the Woburn School Department.

Signature: _____

Date: _____