



WASHINGTON TEACHERS' UNION SICK LEAVE BANK ENROLLMENT FORM

- New Enrollment
- Cancellation

I, _____ do hereby authorize
(signature)

the D. C. Board of Education to credit one (1) day of my accrued leave to the WTU Sick Leave Bank. I understand that upon proper application and physician verification, I may request leave for personal catastrophic illness in accordance with the rules of the Sick Leave Bank.

NAME _____
(print LAST NAME, FIRST NAME, MI)

HOME ADDRESS _____

ADDRESS _____
City State Zip

HOME # _____ EMAIL _____

SS # _____

SCHOOL/WORK SITE _____

DATE _____

