

CTA SICK BANK ENROLLMENT LETTER (2025-2026)

From: CTA Sick Leave Bank Committee

All employees covered by the CTA union contract who desire to join the CTA Sick Bank are required to donate Three (3) days sick time once. In addition, current members may choose to donate up to three (3) days each year by returning this signed letter.

After joining the Bank, and contributing the required number of days, a teacher in the Clinton School System, may, after using up all of their accumulated sick leave due to illness, may fill out a written request to the Sick Leave Bank Committee to draw off the Bank.

Teachers with Professional Status are entitled to draw up to 75 days, **while teachers without Professional Status may draw up to 30 days, depending upon the number of years in the system.** This is only after their accumulated sick leave has been used up.

This is a great benefit for new teachers who have not accumulated many sick days and prolonged illness occurs.

Your request will be reviewed by the Sick Leave Bank Committee for a majority vote. Doctor documentation is required to validate withdrawal from the Sick Leave Bank.

The Sick Leave Bank Committee will periodically review the cases of those drawing upon the bank, and if in the opinion of the committee, the sick leave is unjustified or being abused, may terminate that individual's use of the bank.

NOTE: Please refer to the CTA contract which sets down the specific procedures for the use of the bank, membership, qualifications and pay back provisions for days used. If you wish to apply for membership in the Sick Leave Bank, **PLEASE MAKE A COPY OF THIS FORM** , FILL IN AND RETURN VIA SCHOOL MAIL TO Alison Alvarado (CMS).

SICK BANK COMMITTEE

Dr. Meyer-Superintendent
Mrs. Alvarado-Chairperson-Middle School
Mr. Zapantis-High School
Mr. McGuire - High School
Mr. Ogilvie- Middle School
Ms. Raffi-Elementary School
Ms. Zahariadis-Elementary School

Please make a copy of this form, fill and share with Alison Alvarado, Sick Bank Chair at CMS.

I, _____, hereby authorize the transfer of three (3) days of my accumulated sick leave to the CTA Sick Leave Bank.

Date: _____ Signed: _____ School: _____