



**BROWNSVILLE INDEPENDENT SCHOOL DISTRICT  
HUMAN RESOURCES DEPARTMENT**

1900 E. Price Road • Brownsville, Texas 78521 • (956) 548-8031  
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**Sick Leave Bank  
Contribution Application  
Exhibit B  
Open Enrollment for 2019-2020 School Year**

**This Section to be completed by Employee**

I understand that I may not designate the donation to any individual and I may not reclaim these days/hours for credit to my account.

Employee's Name: \_\_\_\_\_ Employee Id #: \_\_\_\_\_

Position: \_\_\_\_\_ Campus/Dept: \_\_\_\_\_

I would like to contribute one (1) day to the Sick Leave Bank from my earned local sick leave days.

I understand that the amount of sick leave contributed to the bank will be deducted from my earned local sick leave balance. I understand that if I have no days I am not eligible to participate in the sick leave bank. I further understand that membership is **automatically renewed each year**. To discontinue participation, I must submit a discontinue of contribution form.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Human Resource Department Use Only:**  MS  MH  BW

Earned Local Sick Leave Hours: \_\_\_\_\_ Date: \_\_\_\_\_

Sick Leave Bank Contribution: \_\_\_\_\_ Date: \_\_\_\_\_

Earned Sick Leave Balance: \_\_\_\_\_ Date: \_\_\_\_\_

Eligible to be a member for 2019-2020 school year  Yes  No

Verified by: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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BISD no discrimina a base de raza, color, origen nacional, sexo, religión, edad, discapacidad o información genética en el empleo o en la provisión de servicios, programas o actividades.