

St. Lucie Public Schools

CTA, CTA/CU, & CWA

MEMBERSHIP APPLICATION for SICK LEAVE BANK

ST. LUCIE COUNTY CLASSROOM TEACHERS' ASSOCIATION & CLASSIFIED UNIT COMMUNICATION WORKERS OF AMERICA, LOCAL 3181

I agree to donate two of my sick leave days to the combined St. Lucie County Classroom Teachers' Association (CTA), Classroom Teachers' Association/Classified Unit (CTA/CU), and Communication Workers of America, Local 3181 (CWA) – St. Lucie County Schools' Sick Leave Bank and become a member under the conditions outlined in the master contract. I understand that the donation of one day per year may be required, and this form is the continuing authorization for such deduction. I further understand that I may discontinue membership in the Sick Leave Bank at any time after giving written notification to the Board and to the CTA, CTA/CU, or CWA.

Print Name _____

Signature _____

Work Site & Position _____

Date _____

Please check the appropriate box for your bargaining unit

CTA

CTA/CU

CWA

Approved Yes No *Reason for denied membership _____

Date _____

Human Resources Administrator

For Human Resources Use Only
Hire Date _____
Scheduled hours per day _____
No. of Sick hours in Skyward _____ as of (date) _____

cc: Payroll
Human Resources
CTA/CU
Employee