

**EUGENE EDUCATION ASSOCIATION – BETHEL SICK LEAVE BANK**

**REPAYMENT AGREEMENT FORM**

Name (print) \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Bethel Employee # \_\_\_\_\_ Bethel E-mail address \_\_\_\_\_ @ bethel.k12.or.us

Current FTE \_\_\_\_\_ Work Site Assignment \_\_\_\_\_

I understand that if a time overlap of Sick Leave Bank hours used and other benefits payments received occurs, (e.g., Workers’ Compensation, Long Term Disability, PERS Disability), **I must reimburse the Sick Leave Bank** an amount equal to the cost of salary paid out for that time period (e.g., back payment for LTD benefits) that exceeds one hundred percent (100%) of the compensation I would have received had I been actively working.

I understand that I am not eligible for Sick Leave Bank hours while I am receiving compensation under Workers’ Compensation, Long Term Disability, or PERS Disability.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Return this form to:**

**Amber Jackson/EEA • 1525 Echo Hollow Rd, Eugene, OR 97402 (via USPS)  
Cascade - in a sealed envelope. (via District Intra-school Mail)  
Amber Jackson • amber.jackson@bethel.k12.or.us (via Email)**

For Office Use Only

As of this date \_\_\_\_\_, \_\_\_\_\_ hours were repaid to the Eugene Education Association –  
Bethel Sick Leave Bank.