

**Eugene Education Association - Bethel
Sick Leave Bank
Transmittal Agreement**

The Sick Leave Bank Committee is directed by the Eugene Education Association to apply guidelines established in the Bethel/EEA Collective Bargaining Agreement on matters related to the Sick Leave Bank (see contract). The Eugene Education Association manages the paid Sick Leave Bank for Bethel certified bargaining unit members. The purpose of the Sick Leave Bank is to grant hours to eligible union members in cases of member long-term absence necessitated by illness or injury. It is a voluntary program. All paid sick leave hours contributed to the Sick Leave Bank shall be deducted by the District from the contributor's sick leave account at the time of the contribution. Such contributions are irrevocable and shall remain in the Bank.

Joining the Sick Leave Bank: To volunteer to become a participating member of the Sick Leave Bank, a bargaining unit member must donate no less than 8 sick leave hours based on 1.0 FTE (prorated for part-time members) during one of the open enrollment periods.

2024-2025 Open Enrollment Periods: August 26, 2024 – November 1, 2024
February 3, 2025 – April 4, 2025

Maintaining membership: A minimum donation of one day (prorated for part-time members) must be made every year.

Additional Contributions: Bargaining unit members may contribute up to 16 hours per school year.

Retirees: Unit members may contribute up to 16 hours prior to PERS retirement. This is in addition to any hours donated during an open enrollment period.

Indicate the number of days/hours you wish to donate: Check the appropriate box

1 day at my current FTE, 2 days at my current FTE or 16 hours

Have you previously contributed to the Sick Leave Bank? Yes No Not Sure

Name (print) _____

Bethel Employee Number _____ FTE _____ Work site phone # _____

Work Site _____ Bethel E-mail _____@bethel.k12.or.us

Please sign below indicating that you have read and agree to the SLB guidelines, as well as authorize the transmittal of the indicated hours above.

Signature _____ Date _____

Return this form to:

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