

**Local 641**

**TO:** AFSCME Local 641 Members

**FROM:** Douglas Brites, President

**DATE:** September 9, 2021

**RE:** Sick Leave Bank Donation Form \*

**As an AFSCME Local 641 member, in good standing, I wish to donate one (1) day to the Sick Leave Bank:**

NAME (Please print legibly):

SIGNATURE:

DEPARTMENT:

SCHOOL:

In order to participate in the Sick Leave Bank for this year, **this application must be submitted to Local 641 Recording Secretary, Gina Brites (NHBS), no later than Monday, November 1, 2021**. If you are already a sick bank member, you do not need to fill out another form!

*\*Donating to the Sick Leave Bank does not affect your Sick Leave Incentive.*