



**Milton Public Schools  
Milton, Massachusetts**

**Sick Bank Application Units A & B & D**

I agree to contribute one (1) sick day to the 2018-2019 school year.

Should I require the benefits of this Sick Leave Bank, I agree to abide by the terms as stated in Article XXVIII of the Unit A contract.

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

School: \_\_\_\_\_

Date: \_\_\_\_\_

Please circle the appropriate unit:

Unit A – Teachers

Unit B – Directors / Dept. Heads

Unit D – Educational Assistants

**If you do not wish to join the Sick Bank you must check the box below.**

**Declined**

**Note: Please submit this application to your school secretary no later than September 10, 2018. The Administrative Assistant at your school will forward all returned forms to Jeanne Mattaliano in the Business Office.**