



**Milton Public Schools
Milton, Massachusetts**

Sick Bank Application

Milton School Custodians/Cafeteria, AFSCME, Council 93, AFL-CIO, Local 1395

I agree to contribute one (1) sick day to the Sick Leave Bank in order that I may participate in said Bank for 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 XVII of the Milton School Custodians/Cafeteria contract.

Printed Name: _____

Signature: _____

School: _____

Cafeteria Staff Only:

Please record hours worked in a normal day: _____

Date: _____

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

Declined

Note: Please submit this application to Charlene Roche, c/o the Superintendent's Office by September 10, 2018.