



**Milton Public Schools
Milton, Massachusetts**

Sick Bank Application Units A, B, and D

I agree to contribute one (1) sick day to the 2023-2024 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 Administrative Assistant no later than Friday, September 8, 2023. The Administrative Assistant will forward all returned forms to Charlene Roche in the Superintendent's Office.