

**TRENTON EDUCATION ASSOCIATION  
SICK LEAVE BANK ENROLLMENT FORM**

Name \_\_\_\_\_ XXX-XX-\_\_\_\_\_  
(last 4 digits of SS #)

Home Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Home Phone (\_\_\_\_\_) \_\_\_\_\_ Cell Phone \_\_\_\_\_

School/Location \_\_\_\_\_

School Phone \_\_\_\_\_

E-mail: Work \_\_\_\_\_ Home \_\_\_\_\_

Date of hire \_\_\_\_/\_\_\_\_/\_\_\_\_

**I have read and am aware of all conditions of the Trenton Education Association (TEA) Sick Leave Bank and Sick Leave Bank Guidelines. Each member who joins the Sick Leave Bank shall initially contribute two (2) sick days from his/her accumulated sick leave. I understand that contribution of additional days may be required as stated in the TEA Sick Leave Bank and Sick Leave Bank Guidelines. Once contributed, sick days shall not be returned. By my signature below am applying for membership and authorizing contribution of days.**

Signature of applicant \_\_\_\_\_

Application Date \_\_\_\_\_

Please mail completed form to:

*SLB – Trenton Education Association  
1415 Chambers Street  
Trenton, New Jersey 08610*

**OFFICE USE ONLY**

Date of hire \_\_\_\_/\_\_\_\_/\_\_\_\_

Number of accumulated days (as per Human Resources) \_\_\_\_\_

As of (date) \_\_\_\_\_

Sick Bank enrollment date \_\_\_\_\_

Notes: \_\_\_\_\_