

SICK BANK ENROLLMENT FORM

APPLICATION FOR EMERGENCY SICK LEAVE BANK

By filling out and signing this application, I agree to deposit one day of accrued sick leave into the Sick Bank for SVFT Local 4200A members. This will make me eligible to make withdrawals in the event of a catastrophic or long-term illness. The enrollment period is from September 1 to November 1 of each year. Be sure to fill out form completely, return it to your building representative or mail to the SVFT office at the address below so that it reaches SVFT by **November 1, 2010**.

The union office will send the applicant verification that the sick bank donation form has been received by the office. If you do not receive verification, please call the union office or get in touch with your union representative **before November 1st**.

PLEASE PRINT

DATE: _____ EMPLOYEE NUMBER: _____

DATE HIRED: _____

NAME: _____
(Last) (First) (Initial)

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME TELEPHONE NUMBER: _____

SCHOOL: _____

If you were hired under a previous name, list if applicable.

PREVIOUS NAME: _____
(Last) (First) (Initial)

SVFT Local 4200A
P.O. Box 290
Rocky Hill, CT 06067
Phone: (800) 378-8020 or (860) 721-0317
Fax: (860) 721-0323

(Signature)