

**VOLUNTARY SICK LEAVE BANK
VOLUNTARY CONTRIBUTION FORM**

NEW HIRES FORM

(Please refer to AFT 2121/SFCCD CBA, Article 17, section E)

Mail to Human Resources at 50 Frida Kahlo Way, Bungalow 702, San Francisco CA 94112

FACULTY INFORMATION

NAME _____ CCSF ID# _____
(please print legibly) (please print legibly)

DEPT _____ MAIL BOX _____ EMAIL _____

I want to be a member of the VSLB. By my signature, I am authorizing the District to debit the balance of my sick leave. I acknowledge that my contribution shall not be retrievable and shall be treated as if no right to it had ever accrued. I understand that whenever the VSLB opens, the District will automatically deduct the appropriate amount from my sick leave at that time. If in the future I want to stop contributing to the VSLB (opt out), I understand that I will have to notify the District in writing to change my status at the time a call for contributions is made. Deductions are as follows:

Please select (circle) one of the following options based on your work status:

Full-time – **one day** | Part-time, up to 50% load – **1 hour*** | Part-time, 50% load or greater – **2 hours***

Signature _____ Date _____

Completed forms must be filed with the Human Resources Department at 50 Frida Kahlo Way, Bungalow 702 within one month of hire. Upon receipt, the Human Resources Department will mark this form for receipt and mail a photocopy to the faculty member.

Date Received by Human Resources Department:
H.R. Rep. Initial:

Date Copy Sent to Contributor: