



Evergreen Teachers Association
ETA Catastrophic Leave Bank
Notification of Beginning Participation

Name: _____ Current Site: _____
please PRINT legibly

I hereby indicate my desire to begin participation in the Evergreen Teachers Association Catastrophic Leave Bank. I understand that in order to begin to participate I must have at least one unused sick leave day at the time of joining. I also understand that my participation will initially and irrevocably transfer one of my current sick leave days to the Catastrophic Leave Bank during the 2022-2023 school year, and one additional sick day will be transferred during the 2023-2024 school year which is the terms set forth in the Side Letter of Agreement between the Evergreen Teachers Association and the Evergreen School District dated Sept. 5, 2019.

Signature: _____ Date: _____

This form must be downloaded, filled out, scanned and emailed to Suzanne Lima by the last working day in September (existing employees) or within one month of employment as a certificated employee (new employees).

Email:
Suzanne Lima
evergreenteacherspresident@gmail.com

1. Participation in the ETA Catastrophic Leave Bank is voluntary, but one must be a participant in order to qualify for withdrawal of sick leave days in the event of a serious illness. We cannot waive the timelines for indicating a desire to participate.
2. Once an individual begins participation in the Catastrophic Leave Bank program, that person's membership in the program continues into subsequent years unless the participant notifies the ETA President of a desire not to participate further. Such notification must be made in writing by the last working day in September each year.
3. Participants may apply to withdraw sick leave days from the Bank on a form which is available from the ETA Catastrophic Leave Bank Committee or online at www.evergreenteachers.org Each application is discretely and carefully reviewed for need and circumstances by the Committee, which may or may not grant the request.