



THE WASHOE COUNTY SCHOOL DISTRICT  
SCHOOL PSYCHOLOGIST ASSOCIATION OF WASHOE  
SICK LEAVE BANK ENROLLMENT / AUTHORIZATION

Completion and submission of this form will enroll an employee in the School Psychologist Association of Washoe (SPAW) Sick Leave Bank and authorize Washoe County School District (WCSD) to deduct one or more days from an employee's accumulated sick leave balance and add them to the SPAW's Sick Leave Bank balance.

Employees' participation will automatically continue from year-to-year unless employees notify SPAW's Executive Board in writing of their intent to withdraw from the sick leave bank during the open enrollment period of September 1 through October 5. In the event an employee withdraws from the sick leave bank, any sick leave days donated will not be returned to the employee.

If the sick leave bank balance ever falls below 100 days, SPAW will inform the participants of a special assessment. Such assessment will take place at the earliest possible payroll date. Employees will have the opportunity to withdraw prior to any special assessment.

Please check one box below to authorize a contribution to the Sick Leave Bank.

For new employees and continuing employees during open enrollment:

☐ I hereby authorize the Washoe County School District Human Resources Department to transfer two (2) days of my sick leave to the School Psychologist Association of Washoe Sick Leave Bank, a one-time deduction that will act as my enrollment in the School Psychologist Association of Washoe Sick Leave Bank.

For employees approaching retirement:

☐ Upon my retirement, I hereby authorize the Washoe County School District Human Resources Department to transfer up to ten (10) additional days of my sick leave balance to the School Psychologist Association of Washoe Sick Leave Bank.

\_\_\_\_\_  
First and Last Name

\_\_\_\_\_  
Employee ID Number

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please email this completed, signed form to [WashoeSPAW@gmail.com](mailto:WashoeSPAW@gmail.com).