



**Mason Consolidated Schools
2026–2027 Sick Bank Donation Form**

The Mason Consolidated Schools Teacher Sick Bank is intended to provide support to eligible employees experiencing qualifying circumstances as outlined by the applicable collective bargaining agreement.

By completing this form, I voluntarily choose to donate sick leave to the Mason Consolidated Schools Sick Bank for the 2026–2027 school year.

Donation Amount

Please select **one**:

☐ Donate **1** sick day

☐ Donate **2** sick days

☐ Donate **3** sick days

☐ Donate **4** sick days

☐ Donate **5** sick days

Employee Name: _____ **Building:** _____

Employee Acknowledgement

I understand and agree to the following:

- My donation of sick leave is voluntary.
- Once donated, these sick leave day(s) become part of the Mason Consolidated Schools Sick Bank and cannot be revoked, returned, or credited back to my personal sick leave balance.
- I understand that this voluntary donation is for the 2026–2027 school year only and does not establish a precedent, create a continuing obligation, or guarantee that similar opportunities will be offered in future school years.
- I understand that administration will process this donation in accordance with district procedures and any applicable collective bargaining agreement.

Employee Signature: _____ **Date:** _____

District Use Only Date Received: _____ Payroll/HR Initials: _____

Donation Posted: ☐ Yes ☐ No