THORNTON TOWNSHIP HIGH SCHOOL DISTRICT 205 FACULTY ASSOCIATION SICK LEAVE BANK ENROLLMENT CARD (2024-25: Open Enrollment August 31st – October 3, 2024)

(Please Print) Last Name	First Name	Gender
Home Address	City,	State Zip Code
Home Phone Number	 Mari	tal Status
School	Depa	artment
Date of Employment in the Distric	ct (Month/Year)	
TO: THE FACULTY ASSOCIATION THORNRIDGE, THORNTON, TH		
I hereby request and au 205 to deduct from my accum membership in the Faculty Ass and agree to the provisions se	ulated sick leave one sociation Sick Leave	e (1) day to effect my Bank. I understand
Signature		Date

Please return this form to Faculty Association Executive Director, Ken Wendorff, via email <u>no later than October 03, 2023</u>.