THORNTON TOWNSHIP HIGH SCHOOL DISTRICT 205 FACULTY ASSOCIATION SICK LEAVE BANK ENROLLMENT CARD
(2026-2027: Open Enrollment August 10th – October 2, 2026)

_____ _____ _____
(Please Print) Last Name **First Name** **Gender**

_____ _____ _____
Home Address **City, State** **Zip Code**

_____ _____
Home Phone Number **Marital Status**

_____ _____
School **Department**

_____
Date of Employment in the District (Month/Year)

TO: THE FACULTY ASSOCIATION OF DISTRICT 205: THORNRIDGE, THORNTON, THORNWOOD, PEACE, OUTLOOK ACADEMY

I hereby request and authorize the Faculty Association of District 205 to deduct from my accumulated sick leave one (1) day to effect my membership in the Faculty Association Sick Leave Bank. I understand and agree to the provisions set forth in the Sick Leave Bank Policy.

_____ _____
Signature **Date**

Please return this form to Faculty Association Executive Director, Devin Olson, via email no later than October 02, 2026.