FACULTY VOLUNTARY SICK LEAVE BANK
VOLUNTARY CONTRIBUTION FORM

SPRING 2015 - OPEN CALL FOR CONTRIBUTIONS
(Reference: AFT 2121/SFCCD CBA, Article 17. E)

CONTRIBUTIONS ACCEPTED: 02/20/15 to 04/10/15
Interoffice mail completed form to Human Resources at 33 Gough Street

CURRENT MEMBERS OF VSLB do not need to complete this form unless they are opting out. If you are unsure whether you are currently a VSLB member and you want to be a member, simply confirm your membership in the bank by signing the “New Members” section below. Your sick leave will not be double-deducted.

FACULTY INFORMATION
NAME ______________________________________ ID# __________________
(please print legibly) (please print legibly)
DEPT __________________________ MAIL BOX _______ EMAIL __________________________

NEW MEMBERS OF THE VSLB
I want to be a member of the VSLB. By my signature, I am authorizing the District to debit the balance of my sick leave. I acknowledge that my contribution shall not be retrievable and shall be treated as if no right to it had ever accrued. I understand that whenever the VSLB opens, the District will automatically deduct the appropriate amount from my sick leave at that time. If in the future I want to stop contributing to the VSLB (opt out), I understand that I will have to notify the District in writing to change my status at the time a call for contributions is made. Deductions are as follows:

Circle one:
Full-time – one day  |  Part-time, up to 50% load – 1 hour*  |  Part-time, 50% load or greater – 2 hours*

Signature____________________ Date________________

CURRENT MEMBERS OF VSLB WHO WANT TO OPT OUT
I am opting out of the VSLB. Do not deduct my sick leave. I do not wish to donate or remain in the VSLB. I understand I will no longer be eligible to receive VSLB benefits.

Signature____________________ Date________________

Completed forms must be filed with the Human Resources Department at 33 Gough Street by close of business on Friday, April 10, 2015. Upon receipt, the Human Resources Department will mark this form for receipt and mail a photocopy to the faculty member.

Date Received by Human Resources Department: __________________________ Date Copy Sent to Contributor: __________________________

H.R. Rep. Initial: __________________________

VSLB – Spring 2015 OPEN CALL