



3318 Howard Street, Suite 10, McClellan, California 95652

Phone: (916) 648-9791 Fax: (916) 648-9753

E-Mail: [trueoffice.email@gmail.com](mailto:trueoffice.email@gmail.com)

[www.trueassociation.org](http://www.trueassociation.org)

## **Certificated Employee Catastrophic Leave Bank - Contribution to Bank -**

Employee Name: \_\_\_\_\_

Work Location: \_\_\_\_\_

The Collective Bargaining Agreement between Twin Rivers Unified School District and Twin Rivers United Educators, Article 17, Contributions, reads:

### **17.2. Contributions:**

- 17.2.3 To join the Program, TRUE Members must have permanent status and must have at least five (5) days of accrued sick leave remaining by October 31<sup>st</sup> after donating to the Bank. New applicants will be considered contributing Participants of the bank as of November 1<sup>st</sup>. New Participants to the bank will be notified in writing of their acceptance or rejection no later than December 1<sup>st</sup>.
- 17.2.4 Participation is voluntary, but participation requires contribution to the Bank. Only contributors will be permitted to withdraw from the Bank.
- 17.2.5 The annual rate of contribution by each Participant for each school year shall be one (1) day of sick leave and this deduction will be reflected on the November 30th earning statement.
- 17.2.6 The Association shall supply enrollment forms for the Program to Members. Members will fill out the appropriate form and sign it authorizing the contribution. The same contribution will continue to be donated each year to the Bank unless canceled by the Participant. The District shall deduct contributions from the November 30th earning statement. Members returning from extended leave and new Members may contribute to the Bank within thirty (30) days of beginning work.

I hereby contribute one day of my sick leave to the Catastrophic Leave Bank and authorize the same one-day contribution to continue to be donated to the Bank each school year, unless I request with a Contribution Cancellation Form to cancel further contributions.

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

**This form must be mailed/delivered to:**

**Twin Rivers United Educators  
3318 Howard Street, Suite 10  
McClellan, CA 95652**