



ALBUQUERQUE PUBLIC SCHOOLS

ALBUQUERQUE TEACHERS FEDERATION

ALBUQUERQUE FEDERATION OF CLASSIFIED PROFESSIONALS

Sick Leave Bank Enrollment

To be eligible for an Albuquerque Public Schools (APS) extended medical leave of absence, an employee must have worked for APS a minimum of one contract year immediately prior to the Leave start date. For new enrollees to the Sick Leave Bank (SLB), eligibility to apply for Sick Leave Bank benefits will begin ninety (90) days after the enrollment form is processed. To receive Sick Leave Bank benefits, an employee must be eligible for both an extended medical leave and Sick Leave Bank benefits.

I hereby authorize deductions from my biweekly APS earnings to cover membership in the APS Sick Leave Bank.

Current members in the Sick Leave Bank need not re-enroll.

Employees covered by the **Albuquerque Teachers Federation**

Pay \$6.05 per pay check (A Schedule Employees- Teachers, PT's, OT's, Counselors, etc.)

Employees covered by the **Albuquerque Federation of Classified Professionals**

Pay \$5.55 per pay check. (EAs, Bus Drivers, Bus Attendants, IT Department and B Schedule Employees)

Prospective members shall be afforded the opportunity to enroll within sixty (60) days after beginning employment or within sixty (60) days of the beginning of any succeeding school year. Once enrolled, membership will be for an entire school year. A request to withdraw from participation in the bank must be submitted in writing to the SLB Committee within ten (10) workdays of the first teacher workday of the following contract year, or during the open enrollment period during.

Original Enrollment Form must be returned to:

Albuquerque Public Schools
Human Resources--Sick Leave Bank Specialist
6400 Uptown Blvd NE, Suite 115 East
P. O. Box 25704
Albuquerque, NM 87125-0704

The Sick Leave Bank is a program which is self-funded by members of the bank. The Sick Leave Bank Review Committee reserves the right to make adjustments to the deductions, following notification of the fact, as needed to fund the program.

INCOMPLETE FORMS WILL NOT BE PROCESSED

NAME: _____

EMPLOYEE NUMBER: _____

WORK LOCATION NAME: _____ Loc. # _____

JOB TITLE: _____

Signature: _____ DATE: _____