



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 actively 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 APS extended medical leave of absence **and** Sick Leave Bank benefits.

I hereby authorize deductions from my twice-monthly APS earnings to cover membership in the APS Sick Leave Bank. I further understand that I must make manual membership payments to maintain enrollment if my APS paycheck does not cover the required membership deduction or if I am in an unpaid extended leave of absence (contact the APS Employee Benefits Office for these situations).

REMINDER: It is the enrolled employee's responsibility to monitor their APS employment and position classification. Employees must notify the SLB Specialist in writing when a position change has occurred and the employee is no longer in an ATF/AFCP SLB-eligible position. The employee will then be dis-enrolled from the SLB. Membership deductions are nonrefundable.

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 during the August 1 – October 31 Open Enrollment period. 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 August 1 – October 31 Open Enrollment period.

Enrollment Form must be emailed to:

Extended.Leaves@aps.edu

The Sick Leave Bank is a program which is funded by SLB members of the bank, and under the management and jurisdiction of the named bargaining units and the Sick Leave Bank (SLB) Review Committee. The SLB Review Committee reserves the right to make adjustments to the deductions, following notification of the fact, as needed to fund the program.

My information and signature on this SLB Enrollment Form indicate that I have read and understand the information provided in the APS/ATF/AFCP Sick Leave Bank Guidelines, <https://www.aps.edu/human-resources/extended-leaves-and-sick-leave-bank/sick-leave-banks>.

INCOMPLETE FORMS WILL NOT BE PROCESSED

NAME: _____

EMPLOYEE NUMBER: _____

WORK LOCATION NAME: _____ Loc. # _____

JOB TITLE: _____

Signature: _____ DATE: _____