

~~EXHIBIT B~~

~~EL PASO INDEPENDENT SCHOOL DISTRICT  
AUTHORIZATION FORM FOR CONTRIBUTION TO CATASTROPHIC  
SICK LEAVE BANK~~

I, \_\_\_\_\_, voluntarily contribute two of my accredited sick leave days to the El Paso Independent School District catastrophic sick leave bank. My signature authorizes the District to transfer two sick leave days from my accredited sick leave to the sick leave bank. I understand this contribution makes me a member of the bank and entitles me to all the rights and privileges as stated in the catastrophic sick leave bank policy in DEC(LOCAL). I understand that my contribution is irrevocable. I also understand that the District is under no obligation to fund any request I may make of the sick leave bank if there are not enough days in the bank to do so, or if my request otherwise does not qualify under the policy. I also understand that the sick leave bank policy may be amended or canceled by the EPISD Board of Trustees at any time.

\_\_\_\_\_  
Employee Name Please Print

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Employee Social Security Number

\_\_\_\_\_  
Employee Site

\_\_\_\_\_  
Date