Montezuma-Cortez RE-1 Sick Bank Fiscal Year

- [] <u>YES</u> I wish to participate in the sick bank for the above fiscal year. I agree to donate one (1) day.
- [] <u>NO</u> I do not wish to participate in the sick bank for the above fiscal year.

Printed Name	Signature	Date
Office Use Only:		
Day Taken June	_	
Day Taken September _		
Other Date		
Issued: [please supply date]		