



12900 Frazho Road, Warren, MI 48089 | www.mywwps.org

WWEA Sick Leave Bank Opt Out Form

Please return form to the Human Resources Office

Name: _____

Building: _____

I decline membership in the WWEA Sick Leave Bank. I understand I have thirty (30) days from my date of hire to opt out of the Sick Leave Bank. Opting out of the Sick Leave Bank in a permanent and irrevocable decision for the length of my employment at Warren Woods Public Schools.

By not submitting a completed form prior to the end of the opt out period, I understand that I will be a member of the sick leave bank for the duration of my employment at Warren Woods Public Schools. I understand that as a member of the Sick Leave Bank, leave days may be deducted from my personal leave day balance to fund the Sick Leave Bank at the request of the WWEA.

By signing this form, I understand that I am declining enrollment in the WWEA Sick Leave Bank. I understand that opting out is a permanent and irrevocable decision for the length of my employment at Warren Woods Public Schools. **This form must be completed and received in Human Resources within thirty (30) days of your date of hire.**

Signature: _____

Date: _____