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GAINESVILLE CITY SCHOOL SYSTEM

ONE GAINESVILLE: We will inspire, nurture, challenge, and prepare our students.

APPLICATION FOR MEMBERSHIP CATASTROPHIC LEAVE BANK GAINESVILLE CITY SCHOOLS

Employee Name: _____

Last four digits of Social Security Number: _____

Location: _____

Were you a member of the Catastrophic Leave Bank last year? _____

I have read and understand the guidelines governing the Catastrophic Leave Bank and agree to abide by its provisions. (A copy of guidelines/policy, GBRIB(1)-R(0), can be found on the Gainesville City School's homepage under Policies). I further understand that members of the Catastrophic Leave Bank shall hold the Board of Education, Committee of Trustees, and physicians involved in the approval or denial of benefits, harmless.

- Yes, I do want to participate in the Catastrophic Leave Bank.
- No, I do not want to participate in the Catastrophic Leave Bank. I understand that this is my only opportunity to join until the next open enrollment period, and that I am not entitled to any benefits that are offered to Catastrophic Leave Bank member.

Signature

Date

Please return this application to _____, your Catastrophic Leave Bank Committee of Trustees Representative, for submission to the school board office.