

Mill Creek Community School Corporation  
Catastrophic Illness Leave Bank Contribution Form

1. Name \_\_\_\_\_
2. School \_\_\_\_\_
3. Date \_\_\_\_\_
4. Number of Years in Mill Creek \_\_\_\_\_
5. Total Number of Days Presently Accumulated \_\_\_\_\_
6. Total Number of Days Contributed to the Bank \_\_\_\_\_
7. Total Remaining Sick Leave Days \_\_\_\_\_  
(Total arrived by subtracting Line 6 from Line 5.)

I understand by affixing my signature below, I authorize the deduction of the Specified Sick Leave Days from my personal accumulation of Sick Leave Days in this Corporation. I further understand that these days will be placed in the Catastrophic Illness Leave Bank. It is understood that, if any of the above information is believed to be incorrect by the Office of the Superintendent, the contributing teacher shall be notified by the Superintendent's office so that the proper corrections may be made.

I specifically acknowledge and agree that the granting of days from the voluntary Catastrophic Illness Leave Bank shall be at the sole discretion of the Catastrophic Illness Leave Bank Committee or in the event of an appeal, the Appeal Board, and that all decisions of the Catastrophic Illness Leave Bank Committee or the Appeal Board will be final and binding. I further agree to abide by such decisions and to indemnify and hold harmless the Mill Creek Classroom Teachers Association, the Mill Creek Community School Corporation, the Catastrophic Illness Leave Bank Committee, and the Appeal Board, and all of their agents for any loss they may sustain as a result of any claim or legal proceedings I may bring against any of them with respect to a decision made by any of them concerning this application.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date