



COUNCIL OF SCHOOL OFFICERS  
LOCAL 4



**COUNCIL OF SCHOOL OFFICERS**  
**AMERICAN FEDERATION OF SCHOOL ADMINISTRATORS, LOCAL 4 (AFL – CIO)**

**RICHARD JACKSON**  
**PRESIDENT**

**ROBERT SAUNDERS**  
**VICE PRESIDENT**

## SICK LEAVE BANK ENROLLMENT FORM

I do hereby authorize the DC Public Schools to credit one (1) day of my accrued leave to the CSO Sick Leave Bank. I understand that upon proper application and physician verification, I may request leave for personal catastrophic illness in accordance with the rules of the CSO Sick Leave Bank.

Please Print:

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Last

First

MI

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

Employee ID: \_\_\_\_\_

Work Site: \_\_\_\_\_

Work Telephone Number: \_\_\_\_\_

Organizational Code: \_\_\_\_\_