

**READING SCHOOL DISTRICT TEACHERS' SICK LEAVE BANK  
APPLICATION FORM**

*In order to join the REA Sick Bank, please complete this form and return it to the REA Office. This can be returned via interoffice mail or mailed to the Reading Education Association Office, 1800 North 12<sup>th</sup> Street, Reading, PA 19604*

I have read the Sick Leave Bank procedures, understand them, and agree to abide by them. I further agree to abide by any and all of the rules and decisions of the Sick Leave Bank Committee. I also agree to save harmless all agents and members of the Reading Board of School Directors and all officers and members of the Reading Education Association in any dispute regarding the administration of this Sick Leave Bank.

**NAME (please print):**

**SOCIAL SECURITY NUMBER:**

**ADDRESS:**

**HOME TELEPHONE NUMBER:**

**CELL PHONE NUMBER:**

**BUILDING/SUBJECT ASSIGNMENT:**

**DATE HIRED BY RSD:**

**TODAY'S DATE:**

**SIGNATURE:**

**WITNESS:**

*Please return this this form via:*  
*Email: [office@readingea.com](mailto:office@readingea.com)*  
*Fax: (610) 374-3173*  
*Interdepartmental Mail: Priscilla Knight, REA office*  
*or*  
*USPS Mail:*  
**Reading Education Association (REA) Office**  
**1800 N. 12<sup>th</sup> Street**  
**Reading, PA 19604**