



## MAINE SCHOOL ADMINISTRATIVE DISTRICT 75

### *Technology Professionals Sick Bank Election Form*

\_\_\_\_\_ I hereby authorize one sick day to be deducted from my sick leave balance in order to establish my membership in the Merrymeeting Educators Association Sick Bank.

\_\_\_\_\_ I choose not to become a member of the Merrymeeting Educators Association Sick Bank at this time.

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**(Name)**

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**(Signature)**

**(Date)**

