

Indian Hill Exempted Village School District  
Cincinnati, Ohio

Sick Leave Bank Donation Form\*

The purpose of the Sick Leave Bank is to give additional days of sick leave to a bargaining unit member who has donated a day to the Sick Leave Bank and who has donated a day during the most recent open enrollment period or as a new hire, used all his/her sick leave due to one of the condition(s) listed below and requires additional sick leave time. The granting of sick leave days would be for the following criteria: serious accidental injury, non-elective surgery, or catastrophic illness.

The Sick Leave Bank days may be used for either the bargaining unit member or a relative residing in the bargaining unit member's immediate household; or for a spouse, child, or parent, residing outside of the bargaining unit member's immediate household. The Sick Leave Bank is not intended to expand or replace any bargaining unit member's rights under the IHEA Agreement, the FMLA, or any other law.

Participation in the Sick Leave Bank shall be voluntary. Prior to October 1 of the first year of operation the Association shall solicit one (1) sick day from the bargaining unit member's accumulated sick leave. All bargaining unit members will receive an intent form for the purpose of enrolling in the Sick Leave Bank. All bargaining unit members must return the intent form to the District Treasurer's office by October 1 of that school year to participate in the Sick Leave Bank.

Current bargaining unit members who do not donate a day at the most recent open enrollment period or when first hired may not participate in the Sick Leave Bank until another open enrollment period is triggered under the terms of the IHEA Agreement.

Donated sick days will accumulate in the Sick Leave Bank and not be returned. Donated sick days will be deducted in the second pay period after the enrollment period has ended.

\* For more information about the Indian Hill School District's Sick Leave Bank, see Appendix B of the current Collective Bargaining Agreement between Indian Hill Exempted Village School District and the Indian Hill Education Association. Nothing in this form is intended to alter or conflict with those provisions.

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Intention to Participate in Indian Hill School District Sick Leave Bank

\_\_\_\_\_ I wish to participate in the Indian Hill School District Sick Leave Bank and authorize the deduction of one (1) sick day from my individual accumulation.

\_\_\_\_\_ I do not wish to participate in the Indian Hill School District Sick Leave Bank at this time.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

Please return your completed form to the Treasurer's Office by October 1.



## NEW HIRE NOTIFICATION

For use by all employers except colleges and universities.

*Do not complete this form if the employee is a retiree of an Ohio public retirement system.  
You must submit a reemployed retiree notification.*

You must notify STRS Ohio of a new hire within **10 business days of his or her first date on payroll**. This information must be submitted via the employer website ([www.strsoh.org/employer](http://www.strsoh.org/employer)) using Employer Self Service (ESS) or the secure file upload application. **This form is provided for your internal use. Please do not submit paper copies to STRS Ohio.**

**Note:** You must submit a completed SSA-1945 form signed by the employee to STRS Ohio by mail or fax it to (614) 227-7893.

### Section 1 — Employee Information

Name \_\_\_\_\_  Male  Female

Social Security no. \_\_\_\_\_ Birth date \_\_\_\_\_

Address \_\_\_\_\_

City, state, ZIP code \_\_\_\_\_

First date on payroll \_\_\_\_\_

### Section 2 — Employer Information

Name \_\_\_\_\_

Title \_\_\_\_\_

School \_\_\_\_\_

Employer number \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_