

SICK LEAVE BANK GOVERNING COMMITTEE

NOMINATION FORM

CAMPUS: _____

JOB ASSIGNMENT: _____

PLEASE NOMINATE ONLY ONE PERSON FROM EACH CATEGORY FOR THE SICK LEAVE BANK GOVERNING COMMITTEE FOR THE 2020-2021 SCHOOL YEAR. **INDIVIDUAL MUST BE A 2 YEAR MEMBER OF THE SICK BANK IN ORDER TO SERVE ON COMMITTEE.**

INDIVIDUAL NOMINATED : _____

CATEGORIES

___ 1) Professional representative from each campus level:
Elementary, Middle School, High School

___ 2) Support Personnel

___ 3) Administrator (campus level)

ACCEPTANCE OF NOMINATION (MUST BE SIGNED)

I do hereby voluntarily accept the nomination for Seguin ISD Sick Leave Bank Governing Committee.

Signature of Nominee _____ Date:

RETURN TO JENNIFER TRIGO IN HUMAN RESOURCES DEPARTMENT **NO LATER THAN September 1, 2020**