

AVERILL PARK CENTRAL SCHOOL DISTRICT

SUPERINTENDENT OF SCHOOLS

APTA SICK POOL CONTRIBUTION FORM

The sick pool is available to Averill Park Teachers Association members as per the contract Article 15, Section 4.

Please consider a donation to the sick pool.

I _____ hereby contribute _____ days to the sick pool.

(print name)

I understand that I may contribute up to five (5) days and the district will match my contribution as per the pool limitations are outlined in the contract.

Signature/Date

Please submit this form to the APTA President or to your APTA Building Representative.