

**EUGENE EDUCATION ASSOCIATION – 4J SICK LEAVE BANK
REPAYMENT AGREEMENT FORM**

Name (print) _____ Home Phone: _____

Address _____ City _____ Zip _____

4J Employee # _____ E-mail address _____

Current FTE _____ Work Site Assignment _____ Work Phone _____

I understand that if a time overlap of Sick Leave Bank hours used and other benefits payments received occurs, (e.g., Workers’ Compensation, Long Term Disability, PERS Disability), **I must reimburse the Sick Leave Bank** an amount equal to the cost of salary paid out for that time period (e.g., back payment for LTD benefits) that exceeds one hundred percent (100%) of the compensation I would have received had I been actively working.

I understand that I am not eligible for Sick Leave Bank hours while I am receiving compensation under Workers’ Compensation, Long Term Disability, or PERS Disability.

Signature _____ **Date** _____

For Office Use Only

As of this date _____, _____ days/hours @ _____ FTE were repaid to the Eugene Education Association – 4J Sick Leave Bank.