



Santa Ana Educators' Association Inc. CTA-NEA

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TO: SANTA ANA EDUCATORS' ASSOCIATION
FROM: CERTIFICATED STAFF MEMBER
RE: HEALTH EMERGENCY LEAVE PROGRAM (H.E.L.P)

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HELP Committee
Rosa Marino
Barbara Pearson
Robin Scott

Beginning this school year, the Payroll Department of the Santa Ana Unified School District is hereby authorized to deduct a total of three (3) days of sick leave from my annual leave allotment. I understand that one (1) day of sick leave will automatically be deducted each year until I contribute at least three (3) days. These days will serve as my contribution for membership in the Health Emergency Leave Program. Additional days of leave may be donated and deducted in accordance with the Governing Documents for the Help Emergency Leave Program.

Cancellation of membership will occur only when SAUSD Payroll and the Health Emergency Leave Program Committee are informed in writing.

This authorization shall continue in force until it is revoked by me or the maximum numbers of days have been donated. Contributed days will not be credited back.

Member Name (please print)

School/Work Site

Work Assignment

Member Signature

Date

Social Security Number

PLEASE RETURN THIS COPY TO:

Santa Ana Educators Association
2107 North Broadway, Suite 305
Santa Ana, California 92706

Please keep a copy of this form for your records. A confirmation letter acknowledging your membership will be sent within 30 days of receipt of this form by the SAEA HELP Committee. Please do not reapply if you are already a confirmed member.