

SICK LEAVE CERTIFICATES for Eligible Employees: (Do not list if certificate has been issued previously.)

1000 Hours Sick Leave: 1. _____ 2000 Hours Sick Leave 1. _____

2. _____ 2500 Hours Sick Leave 1. _____

1500 Hours Sick Leave: 1. _____

2. _____

HONORARY MEMBERS: Please list below the name and home address of any regular employee who has retired in the past who is eligible for Honorary Membership (continuous member from year NoCASCOE was formed or date of employment).

Secretary's Use: Date Received _____ Cards Mailed _____

Certificates Mailed _____