



CIVIL SERVICE PERSONNEL ASSOC., INC.

TIME BANK APPLICATION

Please return completed form whether you wish to join the Time Bank or not.
This will enable us to update our files. Thank you for your cooperation

I do **not** wish to join the C.S.P.A. Time Bank.

I wish to participate in the C.S.P.A. Time Bank. I understand and agree to abide by the terms as stated in the C.S.P.A. collective bargaining agreement, constitution, and rules & regulations. Please deduct 10 hours from my paid leave as I have indicated.

Compensatory (Comp) Time

Sick Leave Time

Name

(Please Print) Last Name First Name MI

Employee #

Department

Signature

Date

Please return completed application to:

Sarah King, Benefits Officer
Civil Service Personnel Association, Inc.
720 Wolf Ledges Pkwy, Suite 203
Akron, OH 44311-1533