

**VOLUNTARY PARTICIPATION PREFERENCE FORM  
FOR  
ONE-TIME ACCUMULATED SICK BANK BUY BACK**

Dear \_\_\_\_\_,

I am happy to inform you the Board of Trustees has authorized a one-time buy-back of accumulated sick banks. You meet the eligibility requirement of having an accumulated sick bank balance of more than five days as of June 30, 2006.

Please complete this form indicating your preference and return it to Kara Geraci by 12:00 noon on November 28, 2006. **Forms received after 12:00 noon WILL NOT BE ACCEPTED.**  
**This requirement will be strictly enforced without exception.**

**This is a one-time offer; if you choose not to participate you will not have a later opportunity to participate.**

If you have elected to sell back some or all of your days, funds will be available on December 8, 2006 through your usual paycheck method (paper check or direct deposit). Please note that these funds are not subject to MTRB deductions; all other withholding applies.

You have \_\_\_\_\_ accumulated sick days available to sell back at a rate of \$60/day for 100% employees; prorated according to the percentage of time you are currently scheduled to work. Since you are currently a \_\_\_\_\_% employee; your sell back rate is \$\_\_\_\_\_/day. Please indicate your preference by completing the section below:

\_\_\_\_\_ Sell back all of my available sick days, thereby reducing my accumulated sick bank balance to 5 days

\_\_\_\_\_ Sell back \_\_\_\_\_ of my available days and leave the remainder of \_\_\_\_\_ in my accumulated sick bank

\_\_\_\_\_ I choose not to participate in this program thereby leaving my accumulated sick bank intact. I understand I will not have another opportunity to sell back days accumulated in my sick bank.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

Received by Kara Geraci on \_\_\_\_\_ at \_\_\_\_\_ Initials \_\_\_\_\_