

COVINGTON COUNTY SCHOOLS SICK LEAVE BANK

MEMBERSHIP FORM

(Please Print)

Employee Name

Employee Number

School

Social Security Number

Position

SECTION I – Request for Participation In Sick Leave Bank

This request may be submitted during the first 30 calendar days of the school year for current employees or upon request for transferring employees.

- I wish to be a member of the Covington County Schools Sick Leave Bank and hereby authorize that five (5) days from my sick leave account be placed on deposit in the sick leave bank.
- As a new employee, I wish to be a member of the Covington County Schools Sick Leave Bank, but do not have five (5) days in my account at this time. I hereby request that five (5) sick leave days be credited (advanced) as the deposit to join the sick leave bank.
- I do not wish to participate in the Sick Leave Bank at this time.

Employee Signature

Date

SECTION II – Notice of Resignation From the Sick Leave Bank

This notice may be submitted by current members during the last 30 calendar days of the school year or upon the member's termination of employment.

I hereby terminate my participation in the Covington County Schools Sick Leave Bank and request that my days on deposit in the sick leave bank be (check one below):

- Donated to the Sick Leave Bank
- Returned to my personal sick leave account

Employee Signature

Date