

Dale County Board of Education

Authorization for Sick Leave Bank Participation Participation is Voluntary

Employee's Name (Print)

Social Security Number

_____ I wish to be a member of the Dale County Schools sick leave bank and hereby authorize that five (5) days from my personal sick leave account be placed on deposit in the sick leave bank.

_____ I wish to be a member of the Dale county School sick leave bank, but do not have five (5) days in my account at this time. I hereby request that five (5) days be credited to the sick leave bank on my behalf and I authorize the next five (5) earned days of sick leave for my account to be placed on deposit in the sick leave bank.

_____ I do not wish to participate in the sick leave bank.

Signature of Employee

Date

**Enrollment is from Institute Day through September 15
and January 1 through January 15 of each year.**