

APPLICATION FOR SICK LEAVE BANK
HOUSTON COUNTY SCHOOL SYSTEM

EMPLOYEE NAME: _____

EMPLOYEE ID NUMBER: _____

DATE OF EMPLOYMENT: _____

POSITION: _____

LOCATION: _____

I HAVE READ AND UNDERSTAND THE POLICY GOVERNING THE SICK LEAVE BANK AND AGREE TO ABIDE BY ITS PROVISIONS. I FURTHER UNDERSTAND THAT THE BOARD OF EDUCATION, OVERVIEW COMMITTEE, AND PHYSICIANS INVOLVED IN THE APPROVAL OR DENIAL OF BENEFITS SHALL BE HELD HARMLESS BY MEMBERS OF THE SICK LEAVE BANK.

SIGNATURE: _____ DATE: _____

SUBMIT THIS APPLICATION TO CATHY SOLOMON IN THE BUSINESS OFFICE-8004. A COPY WILL BE RETURNED TO YOU. IF YOU HAVE ANY QUESTIONS CONCERNING THE APPLICATION OR SICK LEAVE BANK PROCESS, PLEASE CALL CATHY AT 988-6189 ext. 10253.

To safeguard your membership status, make sure you retain your approved copy of this enrollment form.



BUSINESS OFFICE:

HCSS EXPERIENCE: _____

ACCUMULATED EARNED LEAVE: _____

ENROLLMENT APPROVED: _____

EFFECTIVE DATE OF MEMBERSHIP: _____