

SICK LEAVE BANK MEMBERSHIP AUTHORIZATION

Name (print)

School

- _____ I wish to be a member of the Sick Leave Bank and hereby authorize that five (5) days from my personal sick leave account be placed in the Bank.
- _____ I wish to be a member of the Sick Leave Bank, but do not have the required five (5) days. Please credit my sick leave bank account with _____ days [up to five (5)] sick leave days. I agree that any sick leave days earned up to five (5) will be charged against the days advanced me.
- _____ I wish to be a member of the Sick Leave Bank, but do not have the required five (5) days. However, I have a catastrophic condition as defined in the sick leave bank guidelines. Member(s) of the sick leave bank(s) are willing to donate the required five (5) sick leave days on my behalf. Please credit the five (5) sick leave days to my account in the sick leave bank. Attached is the required documentation as specified in the guidelines (pages 12,13, and 14). I understand that I am not required to repay catastrophic sick leave days donated to me.
- _____ I do not wish to participate in the Sick Leave Bank.

- Notes: 1. Open enrollment period is August 1 through September 15. Payroll office must receive the Authorization Form by September 15. New employees may enroll during the first thirty (30) days of employment.
2. Withdrawal of enrollment must be in writing and can only be done between May 15 and September 15 or upon termination of employment.

(Signature)

(Date)