



SICK LEAVE BANK ENROLLMENT FORM

CLANTON, ALABAMA

Enrollment into the SLB shall be the first 30 days of the beginning of each scholastic year, the month of January, or within 30 days of hire date of new employee.

EMPLOYEE NAME: _____

SOCIAL SECURITY NUMBER: _____

Name of School/Work Site: _____

Position: _____

() I wish to deposit two (2) of my earned sick leave days in the Sick Leave Bank.

Employee Signature

Date

Sick leave days shall be repaid to the SLB monthly as re-earned by the member. Upon the resignation or other termination of an employee who has an outstanding loan of sick leave days, the value of the loan shall be deducted from the final paycheck at the employee's prevailing rate of pay.