

Miller County Schools
Form For Enrolling Or Waiving
Participation In The Sick Leave Bank

ENROLLMENT

To: Payroll Department, Superintendent's Office

I. _____ Social Security No. _____
(Last Name, First Name, MI)

authorize the transfer of one (1) day from my sick leave account to the Employee Sick Leave Bank. This authorization will also serve for future transfer(s) as requested by the Sick Leave Bank Committee.

I further understand and agree to the provisions of the employee Sick Leave Bank and relieve the Miller County Schools and the Sick Leave Bank Committee members of any liability resulting from action by the Employee Sick Leave Bank Committee.

Employee's Signature _____ Date _____

Date of Eligible membership _____ (To be completed by Payroll Dept.)

WAIVER

To: Payroll Department. Superintendent's Office

I. _____ Social Security No. _____
(Last Name, First Name, MI)

do not wish to join the Sick Leave Bank. I do not authorize transfer of any days of accumulated sick leave to the Sick Leave Bank.

Employee's Signature _____ Date _____