

Sick Leave Bank Record

It is my desire to join the Sick Leave Bank governed by the rules and regulations approved by the Elmore County Board of Education and the professional staff in its employ.

I authorize the Elmore County Board of Education to transfer (5) days of my accumulated sick leave to the Sick Leave Bank.

Check One _____ or _____
Professional Support

_____ Elmore County
Printed Name

_____ _____
Signature Date

_____ _____
School Superintendent