

WISE COUNTY PUBLIC SCHOOLS

SICK LEAVE BANK ENROLLMENT FORM

Name: _____
Last First M.I.

Home School: _____

Position: _____

SSN: _____

CONSENT:

In accordance with Policy File GCBD-R, I request to be a participant in the Sick Leave Bank. I understand that an eligible employee may enroll by donating one (1) day of his or her accumulated sick leave to the bank.

I desire to donate _____ day(s) to the Sick Leave Bank. Each day donated is deducted from my accumulated sick leave.

Signed Date

DECLINATION:

My signature below indicates that I have been given the opportunity to participate in the Sick Leave Bank; however, at this time I do not wish to enroll.

PLEASE SUBMIT FORM TO THE HUMAN RESOURCES DEPARTMENT

SEE EXCERPT FROM POLICY FILE GCBD-R ON BACK OF THIS FORM FOR ADDITIONAL INFORMATION