

Selma City Schools

Authorization for Sick Leave Bank Participation

(Please Print or Type)

(Employee's Name)

(Social Security Number)

(School)

____ I wish to be a member of the Selma City Schools Sick Leave Bank and hereby authorize that two (2) days from my personal sick account be placed on deposit in the Sick Leave Bank.

____ I wish to be a member of the Selma City Schools Sick Leave Bank, but do not have two(2) days in my account at this time. I hereby authorize that the next two (2) earned days of sick leave for my account be placed on deposit in the Sick Leave Bank.

____ I do not wish to participate in the Sick Leave Bank.

(Signature of Employee)

(Designated Agent)

(Date)

NOTE: A copy of this form shall be:

- *Sent to the chairperson of the Sick Leave Bank Committee, Central Office
- *Sent to the Payroll Office, Selma City Schools, Central Office
- *Retained for employee's record