

FLORENCE CITY SCHOOLS

SICK LEAVE **BANK** ENROLLMENT/WITHDRAWAL FORM

NAME: _____ EMPLOYEE#: _____

ADDRESS: _____

SCHOOL/LOCATION: _____

_____ I wish to become a member of the Sick Leave Bank. I hereby authorize the business office to deduct three (3) sick leave days from my personal account and deposit them in the sick leave bank. I agree to abide by the guidelines adopted by the Sick Leave Bank committee.

_____ I currently do not have the required number of days, however, once I accumulate the three (3) days required. I hereby authorize you to deposit three days in the sick leave bank. I agree to abide by the guidelines adopted by the Sick leave Bank committee.

New Employees Only

_____ I am a new employee and I do not have the required number of sick leave days in my personal account. Please advance to me the necessary days so that I may join the sick leave bank.

Withdrawal

_____ I hereby withdraw membership from the sick leavebank. Please transfer the balance of my days deposited in the sick leave bankto my personal account.

Employee Signature/Date

Membership status may be changed only during open enrollment which is from institute day until September 10th each year. Upon retirement, a withdrawal form should be completed by the member. The balance of days a member has in the sick leave bank will be transferred back to his or her personal account will count towards retirement service credit. The value of days owed to the back will be deducted from the member's final paycheck. The member agrees to abide by this policy and guidelines of the Sick Leave Bank committee.