

SICK LEAVE BANK ENROLLMENT FORM

CHILTON COUNTY BOARD OF EDUCATION

Clanton, Alabama

The enrollment period shall be the month of January each year.

Employee Name: _____ Social Security #: ____/____/____

Please Print

Name of School/Work Site: _____

Position: _____

- () I wish to deposit five (5) days of my earned sick leave in the () Non-certified () Certified Sick Leave Bank.
- () I do not wish to participate in the Sick Leave Bank

EMPLOYEE SIGNATURE

DATE