

CLARKE COUNTY BOARD OF EDUCATION

APPLICATION FOR PARTICIPATION IN THE SICK LEAVE BANK

(Please Print)

Employee's Name

School or Work Site

I have read and understand the rules and guidelines set forth in the Sick Leave Bank.

_____ **I wish to become a member of the Sick Leave Bank and hereby authorize that five (5) days from my personal sick leave account be placed on deposit with the Sick Leave Bank.**

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

Signature of Employee

Date