

JASPER CITY SCHOOLS

Authorization for Sick Leave Bank Participation

Employee's Name

Social Security Number

School

I wish to be a member of the Jasper City Schools Sick Leave Bank and hereby authorize that five (5) days from my personal sick leave account be placed on deposit in the Sick Leave Bank.

I am a new employee and wish to be a member of the Jasper City Schools Sick Leave Bank, but do not have five (5) days in my account at this time. I understand these days may be advanced by the Board of Education. The first sick days earned will be used to pay days advanced.

I have read the Sick Leave Bank Rules and Regulations and agree to abide by the rules and regulations established for operating the Bank.

Signature of Employee

Date

I do not wish to participate in the Sick Leave Bank, and I understand that I cannot apply for Catastrophic Sick Leave.

Signature of Employee

Date