

# Selma City Schools

## Authorization for Sick Leave Bank Participation

(Please Print or Type)

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(Employee's Name)

(Social Security Number)

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(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.

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(Signature of Employee)

(Designated Agent)

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(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