

Daleville City Board of Education  
626 North Daleville Avenue  
Daleville, AL 36322

**Employees' Sick Leave Bank Enrollment  
Application for Participation**

Please Print or Type

**Applicant**

Employee's Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Please **check only one** of the following:

Certificated Personnel

Support Personnel

Indicate school where employed:

Windham Elementary School

Central Office

Daleville Middle School

Daleville High School

System-wide

Please **initial** which applies:

1. \_\_\_\_\_ I wish to be a member of the Daleville City Board of Education Employee's Sick Leave Bank and hereby authorize deposit of five (5) days of my sick leave into the sick leave bank.
2. \_\_\_\_\_ I wish to be a member of the Daleville City Board of Education Employees' Sick Leave Bank, but do not have five (5) days of sick leave in my account at this time. I hereby request permission to participate, and I authorize the deposit of the next five (5) earned days of my sick leave into the sick leave bank.
3. \_\_\_\_\_ I do not wish to be a member of the Sick Leave Bank.

I understand that I may terminate my participation in the Sick Leave Bank at any time subject to the rules of the Sick Leave Bank. I understand that, unless sooner terminated by me, my participation in the Sick Leave Bank will end on the day I am no longer employed by the Daleville City Board of Education.

Signature of employee: \_\_\_\_\_

Date: \_\_\_\_\_

**Daleville City Board of Education Central Office:**

1. Retain one copy in the employee's records
2. Return one copy to employee for personal records