

**HARDIN COUNTY BOARD OF EDUCATION
SICK LEAVE BANK**

Rev. 07/09

DEPOSIT AUTHORIZATION

Employee ID # _____

I, _____, assigned to

Name

Position Title

Location

Social Security Number

do hereby voluntarily agree to contribute one (1) of my accumulated sick leave days to the Sick Leave Bank. I understand that this will qualify me to apply for using days from the Sick Leave Bank according to approved procedures. (The procedures are outlined in HCAR 3.12321 of the Hardin County Administrative Regulations Manual.) I understand that I must apply to the Usage Approval Committee appointed by the superintendent to use days from the Sick Leave Bank (and that I still must submit the regular sick leave cards through normal channels required by the school system).

Date

Signature

[Please return completed form to the Human Resources Department]