

HOOVER CITY SCHOOLS  
Authorization for Sick Leave Bank Participation and Withdrawal

Please Print

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

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

\_\_\_\_\_  
School/Department

Please choose one of the below

\_\_\_\_\_ I wish to be a member of the Hoover City Schools Sick Leave Bank and hereby authorize that Three (3) days from my personal sick leave account be placed on deposit in the Sick Leave Bank.

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Date

\_\_\_\_\_ I do not wish to participate in the Hoover City Schools Sick Leave Bank, and I understand that I **cannot** apply for Catastrophic Sick Leave.

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Date

\_\_\_\_\_ I hereby verify that I wish to withdraw participation in the Sick Leave Bank Program of the Hoover City Schools Sick Leave Bank. I hereby authorize that three (3) days be restored to my personal leave account.

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Date