

# CARROLL INDEPENDENT SCHOOL DISTRICT

## SICK LEAVE BANK ENROLLMENT FORM

### 2023-2024

Please complete the areas below and return your form to the Human Resources Office.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Current Position

\_\_\_\_\_  
Employee Number

Are you a new employee? \_\_\_\_\_ Yes \_\_\_\_\_ No

\_\_\_\_\_ I DO wish to enroll in the Sick Leave Bank. Please transfer one of my local personal leave days to the Bank. I agree to the terms of membership and with the Bank regulations and guidelines.

\_\_\_\_\_ I DO NOT wish to enroll in the Sick Leave Bank.

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

\_\_\_\_\_  
Date